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**African immigrant women survivors of domestic abuse
an Interpretative Phenomenological Analysis of their perceptions and experiences of
counselling and support services in the UK**

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**African immigrant women survivors of domestic abuse: An Interpretative
Phenomenological Analysis of their perceptions and experiences
of counselling and support services in the UK.**

by

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**A thesis submitted in partial fulfilment of the requirements for the degree of
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Abstract

Domestic abuse impacts upon whole families, yet women worldwide are recorded as the most prevalent victims in domestic abuse incidents. Black and Minority Ethnic (BME) groups have been examined in relation to domestic abuse however, there is rather limited research around African immigrant women survivors of domestic abuse and their experiences of counselling and support services in the United Kingdom (UK). Therefore, the present study adopts a qualitative approach to explore and gain an in-depth understanding of how African immigrant women survivors of domestic abuse perceive and experience counselling and support services, and to give these immigrant women an opportunity to voice their experiences of such services. Semi-structured in-depth interviews were carried out with six African immigrant women survivors of domestic abuse, and interviews were analysed using Interpretative Phenomenological Analysis (IPA). Five superordinate themes were developed from the interview data: *Barriers to seeking help, Breaking point to seeking help, Overcoming fear and Building trust, Journeying together and Recognising a new me*. The results indicated that prior to accessing counselling the women felt increasingly vulnerable, as they were eroded of their sense of self and felt trapped in marriage due to cultural and immigration threats. The results also revealed the participants' journey to seeking help and these women reported enjoying their newly-found freedom and their strong sense of self that developed during the process of counselling. Their accounts showed the potential transformative nature of the counselling they had received. This study's findings are discussed in relation to existing literature to understand the mechanisms and processes involved in the experiences reported by participants. This

study proposes several recommendations for improvements to formal supportive network resources, education on availability and access to support services. The recommendations call for collaborative working relationships among policy makers, professionals and advocates who work with African immigrant women, to improve information and access pathways. Finally, the limitations of this study are discussed, and suggestions for future research are made.

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Chapter One

1.1 Domestic abuse as a public health concern

Domestic abuse is widely acknowledged as an important public health issue (World Health Organisation, 2010). It is embedded within our society worldwide and pervades all socio-economic, gender-based and cultural groups, having a devastating impact on the lives of survivors (World Health Organisation, 2005). For the past thirty years, domestic abuse has become a topic of interest on the political, legal, social and healthcare agenda in the UK and across the world (Nicholson, 2010). Watts and Zimmerman (2002) researched violence against women worldwide and concluded that it is widespread, between people from various cultural backgrounds, and across society regardless of economic status.

Domestic abuse is a broad concept, which includes many forms of physical violence, sexual violence, and a range of behaviours and acts that may be used in isolation or together to control one's partner. Domestic abuse can take many forms such as psychological abuse (e.g., degrading, isolating, verbal abuse, rejecting and denying emotional responsiveness), physical abuse (e.g., slapping, punching, use of weapons to injure), and sexual abuse (Logan et al., 2012). Sexual violence incorporates behaviours such as rape, forced sexual contact, and being forced to watch or take part in pornographic sexual activities (Department of Health, 2005; Harne & Radford, 2008; Women's Aid, 2011).

Domestic abuse may also vary across cultures and countries, and includes forced marriage, rape, honour killing, dowry abuse, and death (McKie, 2005). According to Goldstein (2007, p.10) 'the type of violence depends on cultural, ethnic, educational and economic backgrounds. The abuse may happen once, or may occur in a repeated and escalating pattern over a period of months or years'. The occurrence of physical and

emotional abuse during the relationship may continue even after the relationship has ended (Tjaden & Thoennes, 2000).

Study findings confirm that most women who suffer physical or sexual abuse by a partner generally experience multiple acts over time and tend to be subjected to multiple forms of violence (Ellsberg & Heise, 2005; Kelleher Associates & O'Connor, 1995; Kelleher Associates & O'Connor, 1999;). However, women are more likely to react to physical abuse than psychological or emotional abuse. It often takes a significant amount of time to recognise that a partner is psychologically abusive (Kulkarni, 2012; Rogers & Follingstad, 2014). Psychological abuse is also difficult to recognise for many and can stay hidden for a long time (Schoedl et al., 2014; Trevillion et al., 2014).

Psychological or emotional abuse consists of repeated acts of psychological aggression such as humiliating the survivor, withholding information from her, isolating her from family and friends, and other tactics to make the survivor feel diminished and /or embarrassed. Psychological abuse does not consist of physical violence, but are rather covert and manipulative acts that are intended to ultimately damage the survivor's self-esteem and self-worth. Whilst women do abuse men, the British Crime Survey demonstrates that it is mostly men who perpetrate violence against women (Walby & Allen, 2004). Undoubtedly, experiencing domestic abuse can lead to negative consequences and predominantly it is women who suffer (Hague & Malos, 2005).

Domestic abuse has also been recognised as a special risk for immigrants and refugee women (Erez, 1998; Erez, 2002; Raj & Silverman, 2002). Migration exacerbates the gender-linked vulnerability of women. It can make women dependent on and at times puts them at the mercy of their husband, sponsors or employers, nuclear or extended families, and their own ethnic or communities (Erez, 2001). With little authority but heavy burdens, immigrant

women are highly vulnerable and suffer multiple disadvantages compared to their male counterparts (Raj & Silverman, 2002). Also, studies show that living with domestic abuse can result in poor health status and reduced quality of life leading to higher utilization of health services (Bats et al; 2008; Hagarly, 2006; Williamson, 2000)

1.2 Defining domestic abuse

There are many definitions of domestic abuse, which may differ from one another depending upon the perspective of the definer(s). Terms such as ‘woman abuse’, ‘violence against women’ and ‘male-to-female violence’ have been employed in domestic abuse literature (Dekeseredy & Dragiewicz, 2009). Others have argued that women can also be violent in marriage or cohabiting relationships and prefer to employ gender-neutral terms such as ‘family violence’ or intimate partner violence’ (Dutton, 2006).

The term ‘domestic violence’ is often used to convey the behavioural acts that can cause physical injury to another person (Lavis, 2005). However, using the term ‘domestic violence’ can imply that the violence only occurs in a home when a couple is living together, and not separated. Yet, according to the British Crime Survey (2011), women who had recently or were separated from their abusive partner had the highest risk of domestic abuse and stalking (Smith *et al.*, 2011). On the other hand, the term ‘abuse’ includes a broader range of physical, emotional, verbal, and psychological acts intended to harm or control another person in an interpersonal relationship (Freeman, 2008; Gordon, 2008). Thus, to incorporate all forms of abuse and to frame domestic abuse and violence in a broader context to reflect the reality of its multiplicity and overlapping forms, the wider definitions of ‘violence against women’ are included.

According to the World Health Organisation,

Violence against women encompasses, but is not limited to physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and exploitation, physical, sexual and psychological violence occurring within the general community, rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and trafficking in women, forced prostitution and physical, sexual and psychological violence condoned by the state wherever it occurs (Elsberg & Heise, 2005, p. 11).

According to Goldstein (2007, p.9),

Domestic violence is behaviour driven by a need to control. It can range from threats, annoying telephone calls and stalking (such as following the victim to and from work, and threatening her/him), to unwanted sexual intercourse, hitting and, in the worst case, even death. Domestic violence is usually not a single event and often becomes more severe and frequent over time. Many abusers are not violent in other relationships, such as work or with friends. They routinely deny the domestic violence and the severity of that violence. When confronted with their abusive behaviour, they tend to blame their partner for provoking it or refuse to accept responsibility for it.

The British Home Office (2013) widened its definition from domestic violence to ‘domestic violence and abuse’ and to include those aged 16-17 in order to reflect patterns of controlling, coercive and threatening behaviour. Importantly, this definition also includes so-called “honour-based violence”, female genital mutilation, and forced marriage, making it evident that victims are not confined to one gender or ethnic group (Home Office, 2013).

Britain is multi-ethnic and therefore acknowledging ethnic and a gender difference is vital, to help acknowledge that some forms of abuse may be culturally specific.

In the UK, the term ‘domestic abuse’ is cited in the literature most frequently and is considered to symbolise the inclusion of behaviours and actions that are less visible to the human eye, involving psychological and emotional maltreatment (Lavis et al., 2005). Domestic abuse survivors also indicate that the term ‘abuse’ tends to lessen the impact of the non-physical violence behaviours, which they consider to be as damaging as physical violence (Department of Health, 2010b). However, ‘domestic violence’ and ‘domestic abuse’ are two of the most commonly-used terms, and often found to be interchangeable (Donovan & Hester, 2010). For the purposes of this study, the term domestic violence and domestic abuse is the preferred way of presenting domestic issues between two partners. However, there are limitations with each of the terms, as the definitions do not consider all the abusive acts that men perpetrated against women in this particular study.

Women in abusive relationships are described as ‘survivors’ as opposed to ‘victims’. Nicolson (2010) explains that the term ‘victim’ should be used simply for people who currently experience violence and abuse within their homes. Alternatively, the term ‘survivor’ should be used for a person who has left the abusive and violent relationship. The term ‘survivor’ implies resilience, agency, confidence and self-awareness (Alhabib et al., 2010). Scholars often use a ‘survivors theory’ approach to better understand the factors that contribute to a woman leaving an abusive relationship (Gondolf & Fisher, 1988). The survivor’s theory suggests abused women take on a more purposeful role to seek help, while considering the safety of themselves and their children. Additionally, Gondolf and Fisher (1988) outline the contrasting differences between the learned helplessness and the survivor’s theory approaches. The survivor’s theory considers women in abusive relationships to be resourceful, methodical and deliberate as opposed to being passive

victims paralyzed the abuse. Therefore, the term is mostly viewed positively, in that it suggests that an individual is able to cope, resist and has agency and the ability to make decisions, recover, and survive (Dunn, 2005).

1.3 Prevalence of abuse against women

The prevalence of domestic abuse is difficult to gauge due to several factors, including under-reporting, inconsistent definitions used in surveys and studies, and the source of the data (Wong & Mellor, 2014). Hence, statistics on violence are still debatable. As Brey (2000, p.6) notes, ‘some experts believe domestic violence is increasing. Others believe that there has been a slight decrease, but that more women are reporting abuse. Either way, the numbers prove that it still happens far, far too often’. The World Health Organisation (WHO) describes violence against women as one of the most pervasive yet under-recognized human rights violations in the world, with studies on violence against women indicating prevalence across the world. Despite changes to laws and healthcare provision, domestic abuse against women continues to be a significant problem that affects millions of women around the world (Boonziaser & Rey, 2004).

Estimates from a large WHO multi-country cross survey of 24,097 women aged 15-49 years showed that domestic abuse is widespread, and varied by cultures and countries (Ellsberg et al., 2008; Garcia-Moreno et al., 2006). The findings signified that 13% – 61% of women experienced violence from an intimate partner at some point in their lives and 6% – 59% of participants had experienced sexual violence by a partner. The findings of Garcia-Moreno *et al.*, (2005) supported previous population studies which also indicated 10% to 69% of women aged fifteen to forty-nine years had experienced physical abuse by a male partner at least once in their lifetime (Heise et al., 1999; Heise & Garcia-Moreno, 2002). Furthermore, according to Ellsberg and Heise (2005, p.12),

International research consistently demonstrates that a woman is more likely to be assaulted, injured, raped, or killed by a current or former partner than by any other person. Findings from studies carried out in more than 50 countries, indicate that between 10% and 60% of women who have ever been married or partnered have experienced at least one incident of physical violence from a current or former intimate partner.

Within the UK it is estimated that one in four adult women experience domestic violence at some point in their adult lives (Department of Health 2005; Povey et al., 2008; Smith et al., 2011; Walby & Allen 2004) while two women are murdered every week by a partner or ex-partner (Walby & Allen, 2004). More recently, the Home Office (2013) highlighted that on average a woman is assaulted 35 times before she seeks help from the police or a women's aid organisation. According to the Home Office (2014), police in the UK receive a call related to domestic abuse every 30 seconds. However, these are reported figures of domestic abuse incidents to legal enforcement bodies: the real numbers are unknown. The Home office (2013) report highlights that people between 16 and 18 are more likely to experience domestic violence and abuse than any other group.

As stated above, domestic abuse exists across all socio-demographic groups and affects all people regardless of gender class, colour, race/ethnicity, ability, age, or sexual orientation (Anitha, 2010; Bent-Goodley, 2005). It is also important to note that same-sex violence happens at approximately the same rate as opposite-sex battering (Zlotnik, 1996). Currently, there is a lack of knowledge about its extent and consequences, along with an understanding of the differences between violence in a same-sex relationship and violence which occurs within heterosexual relationships (Harne & Radford, 2008) with most of the

literature being limited to lesbian relationships (Hester *et al.*, 2010). The limited evidenced-based research on domestic abuse in same-sex relationships has been attributed to methodological problems including obtaining representative samples due to the hidden nature of lesbian, gay and bisexual and transgender populations (Hester *et al.*, (2010).

At the same time, existing domestic abuse literature demonstrates a higher prevalence of domestic abuse among marginalised women such as immigrants, the homeless, low-income women, and women with disabilities (Browne & Bassuk, 1997; Browne, Salomon, & Bassuk, 1999; Goodman & Epstein, 2008; Ozer, Best, Lipsy, & Weiss, 2003; Puzone, Saltzman, Kresnow, Thompson, & Mercy, 2000). Abuse does not discriminate: all women are at risk of experiencing violence. As incidents of domestic abuse concerning African immigrant women are not reported in the data specifically, it is impossible to ascertain the true prevalence of domestic abuse occurring amongst this group.

1.4 Rationale for the present research

Violence against women is a serious health and social problem worldwide. Researchers have investigated the broad physical and mental health consequences of violence against women but few have focused on immigrant and refugee women. The problem of domestic abuse occurs across all races, cultures, and social classes (Gillum, 2002; Huang & Gunn, 2001; Morrison, Luchok, Richter, & Parra-Medina, 2006; Williams, 1993, 1994a). Despite this, relatively little attention has been devoted to women of colour and women from disadvantaged backgrounds as distinct populations in the domestic abuse research and literature (Gillum, 2002; Harrison & Esqueda, 1999; Sorenson, 1996; Thomas, 2000; M.P. Thompson *et al.*, 2000). Domestic abuse is a sensitive topic that requires awareness and understanding from everyone who works with those affected by it. It is important that those who provide services consider the experiences of minority women. To

date, no in-depth research has been conducted to investigate the experiences of African immigrant women in regard to counselling and support services for domestic abuse in the UK.

The focus on African immigrant women is not meant to suggest that their experiences are any different from other groups but is rather an attempt to provide an understanding of their experiences with domestic abuse counselling and support services. This would provide, readers with a more detailed and nuanced analysis of the specific perceptions and understanding of counselling experienced by African immigrant women survivor. Despite its use, it is acknowledged that the term ‘African’ implies homogeneity within a heterogeneous group of individuals comprising of various cultures, languages, tribes religions, nationalities and ethnicities (Elam, Fenton & Johnson, 1999). African immigrants are a growing population, not just in the United Kingdom, but throughout the world. Due to political and economic instability in their native countries, many Africans have emigrated to North America and Europe in past decades for political asylum and employment opportunities (Ting, 2010). According to Fleras (2010, p. 247), the ‘twenty-first century may well become defined by the movement of peoples from one country to another’. Merali (2008, p. 281) further reinforces this notion by stating, ‘We have reached a time in global history that is marked by unprecedented levels of international migration’. In Europe, especially Mediterranean countries close to Africa, there has been an influx of African immigrants. Other countries like Germany and France have an estimated one-third of their foreign-born population from Africa (Choe, 2007). In the United Kingdom, the Black African population doubled from 0.8 percent to 1.7 percent between 2001 and 2011, and 5.2 percent to 7 percent in London. The continual expected growth of the African immigrant population in the United Kingdom makes it imperative to look separately at African

immigrants as an individual group and one potentially with experiences that are unique from those of other immigrant groups.

In general, a considerable amount of psychological research has been conducted on domestic abuse within families of colour; however, it remains increasingly sparse (Hovey, 2000; Pernice, 1994; Yoshihama & Horrucks, 2002). There is even less information about the impact of immigration on women and their counselling needs and experiences (Hondagne-Sotelo, 1999). Yoshihama (2008) notes that research focuses mostly on Latina/Hispanics and Asians, and there is limited research focusing on other groups, such as Arabs, Africans, Afro-Caribbeans, and Europeans. Living with domestic abuse results in a poorer health status with reduced quality of life resulting in higher utilisation of health services (Baty et al., 2008; Hegarty, 2006; Williamson, 2000a). However, to date, the literature has tended to focus on women's experience of the phenomenon, coping strategies and help-seeking behaviours. Relatively few studies have looked at women's utilization of domestic abuse counselling and support services. In addition, in the UK there is marked absence of literature addressing this topic. Therefore, to expand upon the existing literature, this research explored the experiences of African immigrant women survivors of domestic abuse with counselling and support services in the UK. For a clearer understanding of the experiences that women have as they access and use domestic abuse counselling and support services, it would be beneficial if we acknowledge, and make use of the knowledge shaped by, the lived experience of service-users. Beresford (2000, p. 493) points out the crucial importance of service users' knowledge as they 'grow out of their personal and collective experience of policy, practice and services' and '[offer] a crucial new perspective on public policy and social care and make better-informed provision and discussion' (Bresford & Croft, 2001, p. 302).

For this reason, it is valuable to capture the voices of survivors of domestic abuse, especially African immigrant women in order to give an insight into issues that might otherwise be overlooked by professionals in the field. This is the gap in the literature which this study aims to fill: an exploration of the experiences of African immigrant women survivors of domestic abuse with counselling and support services. The acceptance of differences in people's experiences of domestic abuse allows a look at the sensitive needs of all communities with an open-mind as to what support is appropriate to their needs. If their voices are unheard their experiences of counselling and support services are unknown. Mahapatra (2012) notes that these specific factors are important to explore, because some groups may suffer in silence and separation if we do not hear their specific experiences.

1.5 Relevancy to counselling psychology

Relate, the UK organisation that delivers relationship support services to adults and children, and for couples and families (in 600 locations across England, Wales and Northern Ireland) state that 45,000 of the 150,000 clients that visit each year reveal that domestic violence and abuse is an issue in their lives (Owen *et al.*, 2008). Also, in the UK, domestic abuse accounts for a quarter of all recorded violent crimes (Flood-Page & Taylor, 2003) and has the highest rate of repeated victimization of any crime (Kershaw *et al.*, 2000; Stanko, 2003). The figures in these studies highlight the prevalence of domestic abuse and its significant implications for the mental health field. Therefore, an exploration of African immigrant women's experiences of domestic abuse counselling and support services seemed highly relevant to counselling psychology which emphasises the importance of engaging with subjective experience, feelings and meanings, and respecting these as valid in their own terms (Woolfe *et al.*, 2003). Furthermore, as Britain is becoming an increasingly multi-racial society, counsellors and therapists are coming into contact with clients from

diverse range of racial and ethnic groups (Clarkson & Nippoda, 1997). Counselling psychologists also have the opportunity to practice in a variety of settings, and given a high prevalence of domestic abuse it is very likely that they may encounter clients experiencing domestic abuse.

Strawbridge and Woolfe (2004, p. 6) acknowledge the ‘significance of stories in human experience’ and this is gained not only through research but also through experience. They maintain that not only are skills of empathetic listening and reflecting essential to good practice, but these skills also define the practice of science within a psychotherapeutic practice. It is by listening to and reflecting upon women’s and men’s voices that we can gain a clearer vision and a deeper understanding of our clients. Counselling psychologists deal with a range of mental health problems concerning life issues, and work with the individual’s unique subjective psychological experience to empower their recovery and alleviate distress. Therefore, understanding the worldview of diverse populations means not only acquiring knowledge, but also being aware of the varying socio-political experiences of the diverse groups (Sue & Sue, 2013). As clinicians, we have a moral and ethical responsibility to or address the systemic forces responsible for creating psychological problems for all marginalised groups (Sue & Sue, 2014; Mallinkrodt, Miles & Levy, 2014; Wendt *et al.*, 2015). In doing so we help give voice to the voiceless we serve (Arfken & Yen, 2014; Kassan, Jones, Palanoa, & Wilson, 2015). As such, counselling psychologists strive to develop flexible, reflective and critical approaches to traditional psychological theory. They seek to acknowledge social context as well as discrimination within their work and endeavour to practice in ways which ‘empower rather than control and also demonstrate the high standards of anti-discriminatory practice appropriate to the pluralistic nature of society today’ (Division of Counselling Psychology Professional Practice Guidelines, 2005, p. 2). This empowerment entails the clinician demonstrating awareness in the context of

service provision, and then acting alongside the client to incite change. According to Mallinckrodt and colleagues (2014) only when we are able to identify how our clients are disenfranchised, disempowered, and at risk, are we able to encourage client empowerment and autonomy.

In addition, drawing upon its humanistic underpinnings, counselling psychology values the need for empathy, understanding and unconditional regard for clients (BPS, Professional Practice Guidelines, 2008). The humanness of another is valued and nurtured in a respectful way (Cooper, 2009). Relating to the humanness of each client includes a commitment to recognising clients as unique, with their own specific subjective experiences, a focus on personal growth, and actualisation and empowerment through a democratic and collaborative relationship (Cooper, 2009). Counselling psychologists aim to explore different perspectives, be receptive to phenomena, and have a curious stance about how individuals make sense of their experiences. Hence, the contribution of this research to counselling psychology resides in offering a new understanding to the aim of counselling psychologists to work to develop reflective and flexible approaches to psychological theory which can effectively be applied to various problems and issues that are brought to therapy by a diversity of clients. This research aims to give voice to a marginalised group of individuals by engaging with individual subjectivity, values, and beliefs in the context of domestic abuse.

1.6 Reflexivity

Qualitative approaches acknowledge that the researcher influences the research, and so reflexivity is a criterion for quality evaluation in qualitative work (Willig, 2008). To understand the participants' experiences, the qualitative researcher owns and is reflective with regard to his or her own voice and perspective: disclosing assumptions, values, and beliefs that may assist or hinder the study (Patton, 2002; Watt, 2007). Reflexivity requires an 'awareness of the researcher's contribution to the construction of meanings throughout the research process, and an acknowledgment of the impossibility of remaining 'outside' of one's subject matter while conducting research' (Nightingale & Cromby, 1999, p. 288). Therefore, reflexivity encourages researchers to reflect upon and make explicit the ways in which their own values, experiences, interests, beliefs thoughts and feelings are implicated in the research (Willig, 2008).

Willig (2001) further states that, it is important that the researcher reflects upon their position within the research, the relation with the phenomenon in question and how they may have shaped and influenced both the process of research and the findings. According to Willig (2001) personal reflexivity is concerned with how far the researcher's own values, experiences, interests, beliefs, and political commitments may have shaped the research. Through these accounts I have explored below how my personal interests, values, experiences and ideas may have shaped the research process.

1.6.1 Reflexive statement: At the beginning of the research process

My choice to focus my research on African immigrant women's experience of counselling and support services was driven by my own personal experiences, interests and professional curiosity. When I started to identify my research area, I must admit I was confronted with many questions relating to my cultural, professional, and personal

experience in the field of domestic abuse. I am a thirty-three-year-old Ugandan woman and have lived in Uganda for most of my life. While in Uganda, I lived in an area where poverty, inequality, and domestic abuse are very apparent and felt on a daily basis. As a child, I witnessed domestic abuse almost every day, both at home and in the community. I recalled at age eight, witnessing my mother being beaten by my father. I remembered feeling helpless, that I could not do anything to rescue her.

While I acknowledge that domestic abuse has had a personal impact in my life, I recognise that my interest in this field grew from my work with survivors of domestic abuse. During my undergraduate degree in Uganda, I found myself very interested in helping the community, and I started volunteering in a voluntary organisation to help victims and survivors of domestic abuse. Before migrating to the UK, I had been involved in the field of domestic abuse for over 5 years as a counsellor predominately helping women and families living under these circumstances. I had also been exposed to women suffering from domestic abuse in the community and who were reluctant to seek help. My experience in this capacity helped me to better understand domestic abuse and its devastating effects, not only personally, but also at community level. This further enhanced my understanding that human abuse is complex and dependent on a variety of factors: it is a social and health issue (Ahmad et al., 2009; Feder., et al., 2011). However, I still felt there was much to learn about helping individuals affected by domestic abuse.

This and other experiences provided the impetus that led me into the field of counselling psychology where I knew I wanted to help individuals in domestic abuse situations. When I moved to the UK in my late twenties, prior to starting my training in counselling psychology, I worked and stayed in inner-city deprived area, which brought home to me some of my experiences in Uganda in relation to domestic abuse. I lived in one

of the most diverse boroughs in London, and most of my friends were immigrants. During this time, one of my friends became a victim of domestic abuse. However, at the time, I was unsure how to respond to my friend's disclosure of abuse. I listened and watched her helplessly, and this reminded me of my mother's crying due to abuse.

Naturally, this and my personal history as an African immigrant led to my interest in domestic abuse shifting to African immigrants living in the UK and how they experience counselling and support services for domestic abuse. I focused on women because, in my experience, they were more likely to seek help from counselling and support service than men. I have also chosen to focus this project on African immigrant women narratives rather than men's, simply because women worldwide are still the main victims in domestic abuse incidents (Davies *et al.*, 2015). I was also mindful of my own experience of an African culture which does not traditionally employ talking therapies, and I was unsure what this meant for them.

My traumatic experiences of witnessing domestic abuse between my father and mother were discussed in my personal therapy. At first, it was difficult to open up to exploring these experiences. I knew that it was important to me, as it shapes the way I relate to people and how I deal with life, but I only superficially touched upon it. This helped me to realise and understand the importance and difficulty of establishing a supportive alliance with my therapist, and how this encouraged or discouraged my discussion of domestic abuse. This later generated many questions within me, and I found myself more and more curious about the experiences of African immigrant women, and their experiences of counselling and support services. I also realised that this research would be challenging, mostly because of my position as an African immigrant woman who has witnessed domestic abuse, and as a therapist who has had clients affected by domestic abuse.

Importantly, we enter into training as counselling psychologists as human beings with life experiences that can be more or less valuable as reference points in our work with clients. Embarking on the journey to become a counselling psychologist and subsequent personal therapy helped me to embrace my own individuality. It aided my empathising with clients, but I have also become aware of the importance of ‘bracketing’ those experiences from being actively worked out in my professional relationships. In addition, part of reflexivity includes information about my epistemological stance in relation to this study. Epistemological reflexivity aims to indicate our assumptions about knowledge, about what we know (epistemology), as well as our assumptions about the world (ontology) and how these might have influenced the research and our findings. IPA does not claim a distinctive epistemological position, but describes itself as ‘part of a stable of closely connected approaches which share a commitment to exploration of personal lived experiences’ (Smith, 2004, p. 41). Therefore, the present study and the research questions it attempts to answer are positioned within a specific ontological and epistemological framework: namely within contextual constructionism of knowledge and knowledge production. This position proposes that all knowledge is situation-and context-dependent (Jaeger & Rosnow, 1988). This position also acknowledges the unavoidability of the impact that one’s personal and cultural perspectives have on research projects.

This sits well with the methodology of this study, Interpretative Phenomenological Analysis (IPA). I have chosen to analyse the interviews using IPA due to its suitability for my research questions. It involves a ‘double hermeneutic’ (Smith & Osborn, 2003, p.51): The researcher is making sense of the participant, who is making sense of a particular experience. These views are also in line with the British Psychological Society’s Division of Counselling Psychology’s ‘Professional Practice Guidelines’, which state that, counselling psychologists should be able ‘to know empathetically and respect first accounts as valid in

their own terms. To elucidate, interpret and negotiate between perceptions and worldviews but not to assume the automatic superiority of any one way of experiencing, feelings, valuing, and knowing' (British Psychological Society, 2005, p. 1). It is seen as inevitable that researchers bring their subjective selves into their research, along with preconceptions which both blinker and enable insight (Finlay, 2011). Through reflexivity, the illusory gap between researcher and researched and between the knower and what is known can be closed (Etherington, 2004).

My idea and research questions for this study developed through informal discussions with colleagues, supervision with other counsellors who work with domestic abuse survivors and through my own experience in therapy. Through informal discussions, I formed certain beliefs about how our own experiences of abuse influence the view of the therapeutic relationship with our clients affected by domestic abuse, and the choices we make in the encounters with our clients, consciously and subconsciously. I observed the connection between the personal and professional. For example, counsellors who have experienced domestic abuse may tend to view domestic abuse as a difficult experience which needs to be 'worked through' over many months and years, and that these difficult experiences may surface again in life changing events for example in marriage. I felt that issues of identification may be at work, and that supervision is very important in this area of work. From these discussions, it seemed to me at the time that I have understood some of the challenges that this type of work might involve.

It was also important to discuss these questions in depth with my supervisors and also to seek support during the construction of the interview schedule. As I am interested in understanding the experience of African immigrant women with counselling and support services in the UK, the questions needed to be exploratory and open as opposed to being closed. Achieving this is a common difficulty for novice qualitative researchers (Smith,

Flowers & Larkin, 2009). The schedule was used flexibly to facilitate further probing of any areas of interest and encourage detailed descriptive accounts. However, I was aware from the outset that I may have been inclined to hear material that was relevant to my own experience and ignore possible themes that did not relate to me. As a result this may have affected interpretation and also my prompts and responses whilst conducting the interview. However, perhaps because of the experience I had in the field of domestic abuse, I felt I was able to offer an empathic response to participants, which may have facilitated the development of the relationship and allowed participants to be more open.

It is important for me to acknowledge that each participant's view in my study is unique. My participants share a particular experience: they are all African immigrant women survivors of domestic abuse and have experienced counselling. I am interested in exploring what counselling means for them in this context and how they make sense of it. Regarding my interviews, and literature review, I noticed that for me there is a certain amount of emotional attachment to African immigrant women and their experience of abuse. Again, I took extra care to have appropriate supervision in place and to continue the use of my reflective diary, which facilitated the research process throughout. I have tried to be as open as possible when analysing data. However, the reader should remind himself/herself that the analysis that has emerged is one way of interpreting the data, and undoubtedly, my personal and professional experience within the field of domestic abuse has impacted the analysis.

I make a conscious effort to consider these biases and interests when going into the research process, as there is a part of me that wants to campaign on behalf of African immigrant women survivors of domestic abuse, who I feel have not yet received the attention from the field of counselling/psychotherapy that they deserve. The experience of African immigrant women and domestic abuse counselling services has not been widely

researched, especially within the United Kingdom. Additionally, it is important to remember that this research forms part of my doctorate in counselling psychology. I feel that research from a client's perspective can contribute to a better understanding of the therapeutic process and relationship with African immigrant clients, which will hopefully enhance the therapeutic experience for client

Chapter Two: Literature Review

2.1 Introduction

A key aim of the literature review was to critically appraise and synthesise current knowledge in relation to the main research question and aims of the study. Searching for pertinent literature was an ongoing process during the study, thereby ensuring that the most up to date and relevant literature was used in underpinning my thesis. The literature contained within the review was identified through several sources, and attempts to provide an overview of trustworthy literature relevant to domestic abuse among immigrant women.

2.2 The search strategy

A detailed literature search was undertaken in 2013 prior to starting my research. Using both, books and electronic resources such as ASSIA (Applied Social Sciences Index and Abstracts), SAGE Journals Online and Sciences Direct, PsycINFO, and EBSCO, the searches uncovered an abundance of literature on domestic abuse. Combination searches were applied. The following terms were included in the keyword search: domestic abuse; domestic violence; interpersonal violence; intimate personal violence, couple violence, violence against women, migrant women and African immigrant women.

Search criteria included combinations of key terms such as, 'domestic abuse' AND 'African immigrant women', 'intimate partner violence' and 'migrant women'. The search from the database under 'keywords', 'title', and 'abstract', uncovered over 1250 studies. This included journal articles, book chapters, reports and abstracts. Only studies that contained descriptions of women experiencing domestic abuse and seeking help, as well as those that contained themes such as domestic abuse, intimate partner violence, immigrant women and African immigrant women, were retained. After examining these articles and studies generated from the key word searches, about 450 related journal articles, book

chapters, abstract and reports were retained. As suggested by Neuman (2006) the process of selection includes reading the title first, followed by reading the abstract. A good title is specific and indicates the nature of the research, while good abstract summaries often provide critical information about the study. In addition to searching academic journals, information produced by key agencies working in the field within the United Kingdom were also identified and included organisations such as the Home Office, Department of Health, Women's Aid and Refuge. Significant books were also utilised throughout my study.

I excluded papers which were not written in English. Frequent searches of the internet, academic databases and any new books that were written for more up to date information were undertaken. This was a necessity as I was aware of the fast-moving agenda of domestic violence from research and policy perspectives. Articles of non-British origin, if related to migration and domestic abuse and written in English were included in my literature search as there was not abundance of literature pertaining solely to domestic abuse and immigrant women available from within the UK. Thus, the literature review in this chapter encompasses studies on domestic abuse conducted among immigrant women in general and African women in particular.

The remaining sections of this chapter will include an overview of the theoretical explanations of why violence against women occurs, health consequences of domestic abuse, domestic abuse among immigrant women and women's experiences of seeking help will be explored. The final section of the literature review will outline the gap that exists within current research and, conclude by presenting the research questions that this research sought to answer subsequently defining the purpose of the study and the contributions to the existing literature.

2.3 Theoretical explanations of domestic abuse

Multiple explanations have been applied to all aspects of domestic violence, seeking to shed light on the perspectives of both the perpetrator and the victim. No one theory holds the monopoly on explaining domestic abuse, and research has supported the validity of multiple theories in explaining parts of domestic abuse. Therefore, in reviewing the literature on domestic abuse, there are several approaches and theories that have been used to explain the social structure, cultural traditions and personal behaviours that lead to abuse and violence (Sokoloff & Dupont, 2005). Importantly, (Johnson and Dawson, (2011, p. 13) note that, ‘the way violence is understood to occur underpins the directions taken by policy makers, service providers, and community activists to intervene and prevent male violence against women. They further assert that theories play a critical role in suggesting new directions for research. However, just as no single act of domestic abuse is an accurate reflection of all abuse that occurs within a relationship, no one theory fully explains what causes partner violence. Barnett (2005) argues that, without empirical verification, theories remain speculations that remain unsubstantiated. In the absence of a single unifying theory, the exploration below is an attempt to provide a brief understanding as to why domestic abuse might occur.

2.3.1 Feminist theory and patriarchal society

From a feminist perspective, domestic abuse is explained by a patriarchal society and the unequal distribution of power that has historically oppressed women. The feminist perspective attributes domestic abuse to the socialisation of men and women into a patriarchal society in which men are provided with special privileges (Bagshaw et al., 2000; Dobash & Dobash, 1979; Pence & Paymar, 1993). Hoff (1990) argues that violence against women occurs in a society which accepts the practice of socially structured inequalities,

which epitomises not only the concept of patriarchy, but also sexism. According to Stark and Flitcraft (1990), in a social system where the subordination of women is defined as natural, violence continues to be seen and accepted as a conventional means of controlling women.

Through this lens, a traditional feminist view explains how imbalances created and upheld by the institutions of family and marriage that prop up financial, economic and professional male power are thought to be at the heart of female oppression (Wangman, 2011). This control is further supported by historical, social, and institutional norms and commonly-held beliefs about women and men and the ways women and men should behave (Dobash & Dobash, 1998). According to Oakley (1997), a feminist writer, sex, and gender is frequently used to women's disadvantage, with cultural expectations of what a woman can or cannot do attributed to a biological law. Hence, the experience of domestic abuse is understood to be constructed by values and beliefs associated with concepts such as power, womanhood, masculinity, and hegemony that are promoted within a community empowering men and disempowering women (Dobash & Dobash, 1998). In such cases, husbands feel the need to exert their patriarchal authority and wives, having been socialised through various agents such as family, religions, community, rituals, and rites of passage, accept this unquestioningly.

Central to the feminist perspective is the idea that domestic abuse cannot be sufficiently understood unless the relations of gender and power are considered (Letherby, 2003). Dobash and Dobash (1998) contend that violence against women has to be considered within the structure of a patriarchal partnership that exists within a patriarchal state. This is an acknowledgment that the structure of society is patriarchal and that neglecting to challenge gendered violence permits male violence to continue unchallenged by society (Dobash and Dobash, 1979, 1998). This is further supported by the World Health

Organisation (2010), who suggests that it is often traditional social and cultural norms that make women vulnerable to violence from their partners. Hence, it is through challenging and changing such social norms that domestic abuse can be prevented from occurring in the first place. Feminist perspectives have also been utilized in an exploration of those ethnic groups where patriarchal rules exist (Nosheen, 2011). In the majority of African ethnic groups, men are defined as heads of households. They own land, property, and livestock, and inheritance often stays with the male, whereas women are clearly understood as mothers and wives and instruments of procreation.

Whereas, it is paramount to note that the mainstream feminist perspectives have made valuable contributions to the discussion of abuse against women, it can be argued that they do not offer a complete understanding, mostly with more recent work demonstrating that women perpetrate domestic abuse against their male partners (Dutton, 2011; McKeown, 2014). The theory lacks an explanation for women's violence against men in intimate relationships, a phenomenon for which evidence is available although it is found to be small in scale or less serious in comparison to men's violence against women (Walby & Allen, 2004). Domestic violence and abuse has a multi-dimensional nature, and hence the traditional feminist approach of violence perpetrated only by men against women, does not provide sufficient explanation.

2.3.2 Stress theories

Stress is considered a significant risk factor for violence against women (Farrington, 1986; Jasinski, 2001; Kurst-Swanger & Petcosky, 2003; Pagelow, 1984). Although stress has received inconsistent attention within domestic abuse literature, it has been the focus of several theorists who generally take two paths: the family stress perspective and the environmental perspective. The first approach focuses on individuals within the family

while the environmental perspective examines the structural characteristics of society that result in a disparate distribution of opportunities. Farrington (1986) suggests stress is a multi-dimensional concept that involves both objective and subjective components.

The objective component involves a stressor stimulus or series of stressor stimuli and the objectivity reality that stressor stimulus has on the individual, independent of any cognitive perception or interpretation on the part of the individual. The subjective element relates to the definition of the situation arrived at by the individual or social system. Stress is then viewed as the discrepancy between the demand posed by the objective and/or subjective demands of a stressor stimulus and the coping behaviours drawn from the individual's or social system's response capabilities (Farrington, 1986).

According to this perspective, a number of important precipitating and mediating variables operate to determine whether an individual will respond to stress or the frustration resulting from an unresolved stress experience in a violent manner (Farrington, 1986; Straus, 1990). The mediating factors can include socioeconomic position, personal, past experiences with violent behaviour, and the extent to which violence is viewed as acceptable response to a stressful situation within the person's family and subculture (Farrington, 1986), norms related to the legitimacy of violence within the family (Farrington, 1986; Straus, 1990), and the involuntary nature of family membership (Straus, 1990).

The family stress theory suggests that diminished economic resources may lead to conflict in intimate relationship (Holtzworth-Munroe et al., 1997; Riggs et al., 2000; Straus, 1990c; Straus et al., 1980). Work related stressors such as unemployment and chronic poverty may be particularly stressful situations for men. These stressors, leading to frustration, in turn may heighten the risk of husband to wife violence (Gelles & Cornell, 1990; Jasinski, 2001; Riggs et al., 2000). For example, economic stress in families has

been identified as the foremost stressor and trigger for domestic abuse (Straus, Gelles, & Steinmetz, 1980). There is evidence that suggests that husbands/fathers who are employed part-time manifest twice the rates of abuse towards their children and three times the rate of spousal abuse as do husbands who are employed full-time (Straus *et al.*, 1980). Thus, when the offender is failing economically, stress may be a catalyst for domestic abuse. When demands are intolerable, violence may be an acceptable response to the stressful situation (Jasinski, 2001).

On the other hand, environmental stress is a central concept of the social structural theory of violence (Gelles, 1972). The social structural theory views violence as generally a response to stress, frustration, or to threats to identity. This approach recognises that stress is differentially distributed in social structures (Gelles, 1972). For example, families that have less education, occupational status and income are likely to encounter stressful events and have stressful family relations as compared to families with higher education, occupational status, and income. Furthermore, the ability to cope with stress is unevenly distributed and the families that encounter the most stress have the fewest resources to deal with it (Gelles, 1972).

2.3.3 The cycle of violence and victimization

In order to understand the psychological and physical effects of domestic abuse on its victims, a clear understanding of how it occurs and continues must be undertaken. Walker (1979) described this abusive pattern as the ‘cycle of violence’. Through her work with women in domestic abuse shelters and refugee settings, Walker came to consider domestic abuse to be an intermittent punishment/indulgence pattern made up of three stages that continue in a circular repetitive pattern. According to Walker (1979), the cycle of violence

can occur many times in an abusive relationship, taking from a few hours to a year or more for each cycle to occur.

Phase one is the tension-building phase, which can involve the abuser picking fights, acting jealously and possessively, criticizing and threatening, and generally being unpredictable. As the tension continues to escalate, phase two, the 'Explosion' of the vicious cycle begins. In this phase an explosion of anger takes place and ends with an abusive event. This stage involves abusive acts such as verbal abuse, sexual abuse, physical abuse, emotional abuse, increased control over money, restraining the partner, and/or destroying property. The perpetrator will often place blame on the victim for his/her abusive behaviours (Walker, 1979). Phase three is the calmer phase and has been called the honeymoon phase. In this phase, the perpetrator is likely to have experienced a physiological release of tension. The perpetrator will ask for forgiveness, make promises, stop drinking or using drugs, go to counselling, be affectionate, or simply refrain from abuse (NCDSV, 2004). However, the one thing that continues is the blaming of the victim. In all phases of the cycle of violence, the victim is being controlled by the perpetrator (Ganley, 1989). The perpetrator will continue to place blame on the victim for having caused the explosion and ultimately the abuse. As this phase continues, the loving feelings begin to fade, tension begins to build and the cycle of violence begins again (Walker, 1979).

Each of these phases involves stress and tension for the victim. However, despite the fear and terror, many women feel that they are unable to leave the situation, and in an attempt to gain control of the cycle, women live with heightened levels of alertness. This includes the women looking out for signs that violence may occur and seeking ways to minimize the impact of domestic abuse on them (Walker, 1979). For all women, exposure to prior uncontrollable violence interferes with the ability to learn later that such violence is

avoidable. What is learned is a sense of helplessness, powerlessness, and hopelessness: that there is no way to control violence, rewards or punishments in life (Seligman, 1975).

Walker (1979) argued that an abused woman will often become ‘paralysed’ as a result of learned helplessness. The woman comes to believe that she has no control over the situation and consequently becomes submissive towards punishment and violence (Walker, 1979). Herman (1997) argues that prolonged victimization leads to the destruction of the unified self; the person loses a clear sense of themselves at the hands of someone using the power of actual coercion or perceived powerlessness in a detrimental way. Furthermore, the loss of self leaves the victim vulnerable to traumatic bonding. Traumatic bonding suggests that a period of time exists in which the woman experiences fear and sadness after leaving an abusive relationship. During this transition period, the survivors attachment to her partner remains ever present. The survivor is at the most risk for returning to the abusive relationship despite the frequency or severity of violence in order to establish some form of emotional stability or equilibrium (Dutton & Painter, 1981). A survivor’s emotional dependence correlates with her level of commitment as well as her desire to have companion and feel needed (Strube & Barbour, 1983). Emotional attachment plays a central role in the decision making process for women (Shurman & Rodriguez, 2006). However, according to Dutton (1993), traumatic bonding and the learned sense of helplessness involved in domestic abuse has a substantial and distinctive psychological impact. The coercion inherent in domestic abuse captivates the woman and bolsters the power and control of the perpetrator, leading to anguish in which women fear for their safety, survival, and in some cases their life. This serves to increase the sense of dependency on the perpetrator.

To manage this torment, the domestic abuse victim becomes isolated, silent, voiceless, and begins to lose her sense of self-worth, self-efficacy and self-reliance (Scarf, 2005). In turn, this isolation increases her need for emotional and social support, and she becomes increasingly dependent on the abuser (Dutton, 1992). The victim develops a negative identity encompassing the negative judgements of the perpetrator. The woman's internalised negative perception of self leads to self-blame and assumption of full responsibility for difficulties in relationships, impaired judgement of safety, self-doubt, and failure to distinguish abuse and idealisation of their partner (Sanderson, 2008).

The betrayal of trust and disruption of safety leads to lack of trust in others and a loss of a sense of meaning in life. Women impacted by domestic abuse may be unable to reflect on life encounters or emotions and understand them. Their ideas about the self, world, and others as safe and trustworthy are fragmented. Therefore, their inner ability to think is shaken, further rupturing inner reserves and strength, leading to an increased sense of imprisonment and unconscious submission to the abuser (Sanderson, 2008). Traumatic bonding can also leave the victim void of the ability to be analytical, leaving them feeling responsible for complying with the abusers demands (Loring, 1994).

2.4 Health consequences of domestic abuse

It is widely accepted that violence against women is a major public health issue, and according to the World Health Organisation (2010) is the main explanation of women's poor health. According to WHO (2013), domestic abuse has serious physical, emotional and socio-economic effects not only for victims, their family and society, but also creates major problems for public health. In virtue of the number of women, children and families affected, domestic abuse is a serious human rights issue (Nicholson, 2010). It is paramount

to note that the effects of domestic abuse are not just felt by women but extend outwards to impact on the children of the victim and/or perpetrator (Nicholson, 2010).

The effects of domestic abuse have been well-documented by numerous researchers (e.g., Arriaga & Capezza, 2005; Becker-Blease & Freyd, 2005; Campbell 2004; Dutton, 2008; woods, 2005). Heise and colleagues (2002, p. 5) states that, 'it is a profound health problem, sapping women's energy, compromising their physical health and eroding their self-esteem'. Domestic abuse often results in chronic health problems, heightened stress, and other mental problems (Campbell, 2002; Russo et al., 1995; Sutherland, Bybee & Sullivan, 2002) as well as putting women at increased risk of poverty, divorce, and unemployment (Browne, Salomon, & Bassuk, 1999; Meisel, Chandler & Rienzi, 2003; Russo et al., 1995). In fact, Coker and colleagues (2002) conducted research on the health impacts of domestic abuse on both men and women survivors. The results indicated that domestic abuse was significantly associated with an increased risk of poor health, depressive symptoms and development of chronic disease, mental illness, and injury. It is further reported that women who had experienced domestic abuse faced significantly higher rates of severe depressive symptoms compared to women who had not experienced domestic abuse (Bonomi *et al.*, 2006).

Barkho, Fakhouri, and Arnetz (2011) also examined the prevalence of intimate partner violence (IPV) among immigrant Iraqi women and explored the association between IPV and self-related health. In their study, a pilot study was carried out among a convenience sample of 55 Iraqi women in greater Detroit. The overall prevalence of controlling behaviour, threatening behaviour, and physical violence was 93%, 76%, and 80%, respectively. A total of 40% of women reported having poor or fair health, and 90% reported experiencing one or more types of psychosomatic symptoms. The prevalence of

IPV in this sample was high and results indicated a significant association between exposure to IPV and women's physical health and psychosomatic symptoms (Barkho, *et al.*, 2011).

Domestic abuse experiences are linked with poor quality of health and life, increased levels of depression, anxiety, low self-esteem, post-traumatic stress disorder, personality disorders, increased risk of suicide and substance abuse (Campbell, 2002; Moracco *et al.*, 2007). Although the short-term physical effects of domestic abuse are the most obvious and have a significant impact on women's health, there are a number of long-term physical health conditions that are strongly associated with domestic abuse, including traumatic brain injury, memory loss, seizures, gynaecological disorders, adverse pregnancy outcomes, irritable bowel syndrome, arthritis, gastrointestinal disorders, sexually transmitted diseases, and chronic pain syndromes (Wong & Mellor, 2014). There is also evidence that living with domestic abuse (in particular sexual and physical abuse) can lead a woman to attempt suicide as a means to escape the relationship (World Health Organisation, 2002).

The combination of physical, mental, human and emotional suffering due to domestic abuse can be devastating, enduring and all-encompassing. This suffering has a further impact on the financial and economic structure of various countries. For example, domestic abuse is estimated to cost the UK £23 billion in health and mental healthcare costs as well as a loss of earnings through injury and distress (Cost of Domestic Violence, 2004). However, it should be noted that the research findings into the health consequences of domestic abuse are often variable and, in many cases, based on an investigation of the varied health statuses of those with a history of domestic abuse and those without such a history (Wong & Mellor, 2014). Undoubtedly, it is not possible to do experimental research, and it may not be feasible to conduct longitudinal studies that include sufficient breadth to record the experience, level, and type of domestic abuse a woman may experience in the future, and then follow-up on a large range of health conditions (Wong & Mellor, 2014).

2.5 Domestic abuse and immigrant women

Information regarding violence against immigrant women is often difficult to access and inaccurate most of the time due to the presence of many unrecorded cases, deep-seated cultural beliefs that discourage publicizing of intimate partner violence, and even inability to identify violent acts as transgressions that require external interventions outside the home or family. However, the World Health Organisation (2014) observed that ethnic minority and migrant women are more vulnerable to domestic abuse despite such abuse occurring across all social groups globally. Immigrant women form a portion of the population that is at a particularly high risk of domestic abuse and face unique challenges in escaping violence (Erez et al., 2009; Futures Without Violence, n.d.; Sullivan et al., 2005; Thomas, 2000). Violence against women is one of the most common victimizations experienced by immigrants (Davis & Erez, 1998; Erez, 2002; Raj & Silverman, 2002).

Due to immigration laws, language barriers, social isolation, lack of financial resources, and other barriers, immigrant women often feel trapped in abusive relationships (Erez et al., 2009; Futures Without Violence n.d.; Orloff & Little, 1999; Sullivan et al., 2005; Thomas, 2000). In some ethnic groups, domestic abuse can be unrecognisable and a more unspoken crime than in others, because it is hidden for different reasons (Nosheen, 2011). This can be the result of the cultural, religious and social values present in those cultures (Wellok, 2010). For example, African women have been documented to be at high risk of domestic abuse due to religious and cultural barriers (Sullivan et al., 2005; Ting & Panchanadeswaran, 2009). Both men and women are socialized to accept and propagate wife-beating as a form of discipline and as part of tradition (Sullivan et al., 2005; Ting, 2010; Ting & Panchanadeswaran, 2009).

Additionally, Mechanic and Pole (2013) observed that women who are poor and from minority ethnic communities experience significantly more violence from intimate partners than those afflicted by these conditions. Indeed, a cross-sectional study undertaken in Spain involving 10,202 women who attended primary care centres revealed that 27.9% of migrant women had experienced violence by their intimate partners compared with 14.3% of indigenous Spanish women (WHO, 2014). Prevalence rates among migrant victims of domestic abuse were dependent on the migrant status of the women, which included aspects such as the length of stay in the host country, administrative status, and the country of origin from which the women came (WHO, 2014).

Ogunsiji and colleagues (2012) observed that many West African immigrants and women generally were oblivious to the psychological effects of intimate partner violence because they considered it a normal part of married life. Ogunsiji and colleagues (2012) argue that the process of immigration is often arduous and traumatic, particularly when it is undertaken illegally. Specific stressful situations associated with the migration process include difficulty in acculturation and difficulty in finding employment, which made men more likely to be violent with their intimate partners (Ogunsiji, et al., 2012; Shoultz, Magnussen, Manzano, Arias & Spencer, 2010). However, every woman affected by domestic abuse, regardless of her ethnicity and race, will have different experiences, and these must be understood in order to understand their needs (Batsleer et al., 2002; Burman et al., 2004; Burman & Chantler, 2005).

2.6 Women's experiences of getting help

Despite increasing knowledge and understanding of both the psychological and physical health consequences of domestic abuse (Campbell, 2001; McGarry, Simpson & Hinchliff-Smith, 2011), under-reporting of domestic abuse victimization remains prevalent,

with sociodemographic and cultural factors associated with diminished support service utilisation (Gondolf, 1998; Hutchison & Hirschel, 1998; West, Kantor & Jasinski, 1998). Garcia-Merono (2002) argues that while there is existing evidence to support the idea that healthcare professionals may be in a position to help mitigate the short-term and long-term negative effect of domestic abuse on women through early identification and intervention (Garcia-Merono 2002; Guth & Pachter, 2000), many victims of abuse have been known to withhold information about their injuries (Bachus *et al.*, 2003).

Importantly, help-seeking is a dynamic process including recognising and defining the problem, deciding to seek help and selecting support (Liang *et al.*, 2005). In most instances, the social climate that allows or tolerates interpersonal violence complicates the help-seeking process (Barnett, 2000; Browning, 2002; Gracia & Tomas, 2014; Sugarman & Frankel, 1996). Therefore, women respond in various ways, including defending themselves, avoiding the abuser, seeking social support and using formal resources such as mental health counselling, shelters, and the criminal justice system (Hamby, 2014). In a research project conducted for the Fawcett Society in the UK, evidence was gathered about the support and services available to women facing domestic violence (as cited in Anitha, 2008). This study showed that, on average, a woman facing domestic violence has to make 11 contacts with agencies before getting the help she needs (Anitha, 2008). However, this number rises to 17 if she is from a BME community (Brittain *et al.* as cited in Anitha, 2008).

For services specifically developed for victims, research indicates that shelters and advocacy organisations are well-equipped to enhance survivors' internal resources and improve their social support through counselling, support groups, advocacy and shelter services (Berk, Newton & Berk, 1986; Cox & Stoltenberg, 1991; Mancoske, Standifer & Cauley, 1994; Sullivan & Bybee, 1999; Tutty, Bidgood & Rothery, 1993). Research

provides support for the efficacy of advocacy and counselling services for victims of domestic abuse (e.g., Henning & Klesges, 2002). The survivor's culture may play a role in seeking formal support (Malley-Morrison & Hines, 2007; Yoshioka, Gilbert, El-Bassel, & Baig-Amin, 2003).

For example, African-American and Hispanic women have a strong sense of family, which involves a social pattern of trusting informal networks for support (Frias & Carolina Agoff, 2015). Depending on their culture, some survivors of domestic abuse have been socialised not to go outside of their informal network for assistance (Hooks, 1989). Fraser, Mc Nutt, and Clark (2002) found that while 90% of African American women who had experienced intimate partner violence feel comfortable seeking out support, almost 40% of the women interviewed who had not experienced intimate partner violence stated that they would not be comfortable seeking out support through informal or formal means. According to Fraser and colleagues (2002), this discrepancy may suggest that there is a continued stigma surrounding abuse in our society, shame associated with being a survivor, and negative stereotypes associated with seeking help for intimate partner violence, particularly for minority survivors which may inhibit them from leaving.

Additionally, more recent studies indicate that, although abuse victims turned to services for help, they did not necessarily view them as helpful (Humphreys & Thiara, 2003; Zweig & Burt, 2007). Indeed, women reported that mental health providers focused on their mental health instead of abuse experiences, offered medication instead of support, and did not fully comprehend the trauma experienced as evidenced by their disbelief and blaming attitudes (Humphreys & Thiara, 2003). There is also evidence, particularly from ethnic minority women populations, that there is a tendency to distrust people outside of one's ethnic community, and hence they may be reluctant to disclose their experience of abuse to persons unknown to them (Kelly, 2009; Raj & Silverman, 2002a). For example, Goodman

(2003) notes that women with lived experience of domestic violence and abuse are likely to disclose such experiences to members of their informal networks, which may include family members, close friends, and ethnic community group members, as opposed to health and social care professionals.

Research evidence shows that informal social support can positively influence a woman's self-esteem and empowers her to leave abusive relationships (Davis & Srinivasan, 1995; Moss et al., 1997; Scheffer & Renck, 2008). Female victims of domestic abuse are more likely to use informal support from their social network, including friends and family as a means of dealing with domestic abuse victimization, rather than utilising formal support such as medical, legal and specialised services (Kaukinen, Meyer & Akers, 2013).

According to Bosch and Bergen (2006), individuals who were supportive of survivors of abuse helped connect them to formal and informal network resources, thus reducing their level of isolation and ultimately assisting them in leaving the relationship. In contrast, the researchers found that individuals who were not supportive can hinder a survivor's ability to leave an abusive relationship (Bosch & Berge, 2006). Bosch and Bergen (2006, p. 319) further specify that 'women with abusive partners need supportive friends and others who validate the abuse, help them identify the abuse, tell them about resources, give advice, and encourage them to access resources'. Importantly, family and friends who support a survivor in a non-judgemental way versus a critical way, individuals who validate the survivor versus blaming her, and supportive persons who are encouraging versus opposing, all have a positive effect on the survivor (Bosch & Bergen, 2006).

However, evidence suggests that barriers to disclosing domestic abuse vary among women by ethnic origin (Fischbach & Herbert, 1997; Montalvo-Liendo, 2009; Sleutel, 1998). For example, an integrated review by Montalvo-Liendo (2009) showed that among African-American women, the major barriers to disclosure included: fear of abandonment,

self-blame for putting another Black person in jeopardy, and fear of retaliation by a family member. Findings from the same review also suggested black South African women tend to identify taboo and shame as the main barrier to disclosure. Other identified barriers to disclosure by women from other ethnic minority populations including religious beliefs, embarrassment, lack of formal assistance, criticism and financial dependence (Montalvo-Liendo 2009; Petersen et al., 2005), with some women suggesting that without evidence of physical violence, it was not necessary to disclose, as they had no proof of the incidence of the violence (Petersen et al., 2005; Alhabib et al., 2010).

Additionally, Netto and colleagues (2001) indicated immigration legislation as a barrier that denies Black ethnic minority women with insecure status to access domestic violence services. A survivor's immigration status influences her access to legal protections, which in turn influences her risk for domestic abuse. Abusive partners often use survivors' immigration status to threaten them with deportation and to control them in various ways. Women who are undocumented are more vulnerable. The husband could use the wife's immigration status as a tool of manipulation and abuse (Erez et al., 2009; Sullivan et al., 2005; Ting & Panchanadeswaran, 2009). According to the Home Office (2008), immigration issues posed a significant barrier to seeking formal help for eight of twenty-three survivors of abuse.

Furthermore, Anitha (2008) examined the extent to which the UK government's policy toward immigrant women experiencing domestic violence was responsive to their needs. The research included qualitative interviews with 30 South Asian women with no recourse to public funds due to their status as recent marriage migrants, who were living in the North West and Yorkshire regions of England. Anitha examined the working of a key concession within the Immigration Rules (2002), which theoretically offers an opportunity of exit to immigrant women facing domestic violence (the Domestic Violence Rule) in light

of the reality of South Asian women's experiences, including the nature of domestic abuse they face, their patterns of help-seeking, pathways out of the abusive relationship, and experiences of service provision.

The women in this study who come to join their husbands are subject to a two-year probationary period of residence, also known as the 'two-year rule' (Anitha, 2008). Through marriage, these women acquire their immigration status from their spouse's residency or citizenship rights (Anitha, 2008). If their relationship breaks down during this period, they face deportation (Anitha, 2008). Due to a recent change in UK law, if there is 'evidence' that domestic violence is the cause of marital breakdown, then they can apply for Indefinite Leave to Remain (ILR) under the Domestic Violence Rule in paragraph 289A of the Immigration Rules (Anitha, 2008). However, until a decision is reached on their application for ILR, women have no access to public funds or social housing.

Eighteen out of 30 women included in Anitha's (2008) study reported physical and sexual abuse by their partner and sexual abuse by their husband's relatives. Another common form of abuse recounted by women included denial of the women's most basic needs (Anitha, 2008). This included starvation, imprisonment, denial of adequate food, warm clothes, privacy, a bedroom or even a bed, and the denial of labor-saving devices such as washing machines and vacuum cleaners to assist in doing the housework (Anitha, 2008). For women in this study, abuse may be perpetrated by multiple members of the family and notions of honour and shame may prevent women from leaving and stigmatize women who do manage to leave (Anitha, 2008).

2.7 Chapter summary

Domestic abuse is widely recognised as a leading public health issue with significant consequences for women's health and wellbeing. Domestic abuse has been documented as a social problem across diverse ethnic and cultural groups with an increasing awareness that women's responses to abuse vary, in part because of the specific social and cultural context in which the abuse takes place. There is agreement from the review of literature that ethnicity and culture are significant influences on how women respond to abuse.

However, each person affected by domestic abuse thinks and understands her experience individually. As indicated in the past studies, cultural beliefs are likely to increase the vulnerability of women to partner abuse and influence the way they respond to abuse. However, although many studies have cited cultural, traditional norms and beliefs as the factors that facilitate and influence abused immigrant women's response to abuse, it must be noted that culture alone ought not to be the sole factor of immigrant women's responses to abuse. Other factors are to be considered, such as contextual, social support, migration status, language barriers, as well as how they interpret abuse, and their decisions to either seek help or report the abuse. As discussed in the literature these factors play an enormous role in African immigrant women's responses to abuse, and hence their engagement with support services may be impacted.

In the present study the feminist theory and stress theory have been discussed to examine and explore possible causes of domestic abuse among immigrant women. Psychological theories and help-seeking processes of abused immigrant women were also discussed. The chapter reviewed immigrant women's experiences of domestic abuse and the impact of abuse, which led to conclusions of the likelihood of seeking help. However, the likelihood of African immigrant women accessing services for domestic abuse depend on variety of factors. Finally, the literature suggests that understanding African immigrant

women's experiences of counselling and support services for domestic abuse is yet to be discovered. Therefore, this research not only makes contribution to domestic abuse literature, but as illustrated throughout the literature review, it is timely and relevant considering the prevalence of abuse among women, and the role in which counselling psychologists play in working with them.

2.8 Limitations of the literature review

Although the present study focuses on the experiences of African immigrant women survivors of domestic abuse with counselling and support services, a review of the literature above reveals a dearth of research on domestic abuse among this population in the UK. Most studies on domestic abuse among ethnic minority immigrant groups (e.g., Abraham, 1998; 2000b; Bhuyan, 2008; Dasgupta & Rudra, 2009; Ranjeet & Purkayastha, 2007; Raj & Silverman, 2002a), have predominately examined and explored the causes, prevalence and impact of domestic abuse against women, as well as factors that hinder women from leaving. The researcher's own experience of conducting searches to identify empirical studies in this area reveals that majority of these studies have been conducted in the USA, with few concentrating on the UK. The scarcity of research on such a vulnerable group however may only reaffirm the need to shed light on their experiences, particularly since research by Raj and Silverman describes violence towards minority women in the UK as being at 'epidemic proportions' (Raj & Silverman 2002, p. 367). Lago (2006) asserts that the dominance of American studies has largely informed clinical practice in relation to working with ethnic minorities and is problematic when attempting to apply that to British practice as the cultural context in which the studies were carried out differ to that of Britain. Much research on violence against women in the UK has remained relatively silent about the specific forms of violence experienced by women from black and minority communities

(Batsleer *et al.*, 2002 Gangoli *et al.*, 2005). Also, the existing literature indicates the problems in conducting research on domestic abuse among ‘minoritised’ women and, the need to engage in research practices that are sensitive and consider immigrant women’s marginalised status in the UK which may prevent them speaking out (Burman & Chantler, 2004; 2005; Wigglesworth *et al.*, 2003).

Given the paucity of research on the experiences of African immigrant women with domestic abuse counselling and support services, the goal of this study was to fill this gap in literature. This exploratory study presents an opportunity to learn directly from women affected by domestic abuse by incorporating their views, which have been previously unexplored. The purpose of this study was to gain an in-depth understanding of how African immigrant women perceive and experience domestic abuse counselling and support services, and to give immigrant women an opportunity to voice their evaluate the effectiveness of the services they have accessed. Phenomenology takes the diverse experience of being human and meanings attributed to human living experience in all its various aspects as its focus (Smith, Flowers & Larkin, 2009). IPA represents one form of phenomenological enquiry that attempts to understand the quality and texture of lived experience and the individual sense-making process. It is only through the process of active interpretation of participant’s narratives and talk by the researcher that any knowledge of the participant’s life can be gained (Smith *et al.*, 2009). As such, the main analytic focus of this research was to map out the key phenomenological factors of African immigrant women’s knowledge and understandings of domestic abuse counselling and support services in the UK. The particular analytic lens will look into the struggles, dilemmas, tensions, and exploration of the perceived level of their experiences of counselling and support services in the UK.

2.9 Research questions

According to Smith and colleagues (2009), research questions for studies involving Interpretative Phenomenological Analysis should have as their focus an attempt to explore and capture the meaning participants assign to their own experience. To explore such meaning, Creswell (2009, P. 130) argues that ‘researchers conducting a phenomenological study should use the words ‘how’ and ‘what’ in their research questions because they convey an ‘open and emerging design that is reflective of qualitative research’. Therefore, the research questions must explore participant experiences, understanding, perceptions, and views of a phenomenon or phenomenological materials (Creswell, 2009). As such, this study had two research questions, both of which were designed to explore participants’ experiences and understanding of their experiences of domestic abuse counselling and support services in the UK.

These questions are as follows:

1. What are African immigrant women’s lived experiences of engaging with counselling and support services for domestic abuse in the UK?
2. How do African immigrant women make sense of these experiences?

Chapter Three: Methodology and procedures

3.1 Introduction

In this chapter, I will discuss the methodology and the procedures that were employed in this study. I will examine the rationale for adopting qualitative methodology and specifically, why Interpretative Phenomenological Analysis (IPA) was considered the most appropriate method for this study. I will explore my epistemological and personal positions within the research. I will then discuss the practical details of this study, describing the sample of participants used and recruitment, and the procedure of constructing the interview schedule.

3.2 Rationale for a qualitative study

Qualitative research in psychology is engaged in exploring, describing and interpreting the personal and social experiences of individuals (Smith *et al.*, 2009). The emphasis in qualitative research is to understand and present the experiences and actions of people as they encounter, engage and live through situations (Porter, 1996; Smith & Osborn, 2003). According to Elliott and colleagues, qualitative methodologies aim to understand and represent the lived experience of individuals, based as closely on their perspective as possible (Elliott, Fischer & Rennie, 1999) and can help identify ‘barriers and facilitators to change, discover the reasons for the success or failure of interventions’ (Starks & Brown Trinidad, 2007). In contrast to quantitative research, qualitative methods take a holistic approach to data analysis. Instead of reducing data into numbers, qualitative research explores data in all its richness and complexity. It uses words, texts, videos and pictures as methods of generating data (Bryman, 2012; Bryman and Burgess 2002; Durand & Chantler, 2014).

The founding principles of qualitative strategies as used in human research are based on the subjectivity of reality and how knowledge is generated (Denzin & Lincoln, 2000a). Whilst findings from research using qualitative strategies may not be generalizable, the use of an inductive approach to knowledge production makes it useful for providing in-depth information and understanding of social phenomenon (Durand & Chantler 2014; Bouma et al., 2004). Furthermore, the use of semi-structured interviews allows the research participants to explore their experiences and upholds their status as the experiential expert on the topic at hand (Smith *et al.*, 2009). Since my research explores the experience of participants with counselling and support services in the UK, the use of qualitative method appears to be a suitable choice.

3.3 IPA methodology and epistemological considerations

IPA is an approach to qualitative research that aims to explore how individuals make sense of their personal and social worlds (Chapman & Smith, 2002; Smith *et al.*, 1997). This approach is useful where the topic under investigation is dynamic, contextual, subjective and relatively under-studied and where issues relating to identity, the self and sense making are important (Smith, 2004). IPA seeks ‘to know in detail what the experience for an individual is like, and what sense this particular individual is making of what is happening to them’ (Smith *et al.*, 2009, p. 3). IPA puts particular emphasis on exploration of the meanings that underlie specific experiences, events or states, achieved through a detailed examination of the participants’ subjective experiences (Smith, 2004). According to Smith and colleagues IPA as an approach to qualitative, experiential and psychological research is informed by concepts and debates from three key areas of the philosophy of knowledge: phenomenology, hermeneutics and idiography.

Phenomenology is a philosophical approach that is concerned with exploring and understanding human experience within contexts. According to Langdridge (2007) researchers using phenomenological methods aim to uncover the meaning of an individual's experience of a specified phenomenon through focusing on concrete subjective experiential account grounded in everyday life, rather than relying on the formulation of objective accounts. The phenomenological perspective is reflected in the ethos of IPA through paying attention to a person's direct experience, and encouraging research participants to tell their own story in their own words (Smith *et al.*, 2009). It is these subjective experiences that the researcher must engage with, to gain an understanding of the phenomenon under study. Therefore, in IPA the researcher should aim to follow the participant in novel and unanticipated directions as the story of their experience unfolds (Smith & Osborn, 2008).

IPA is influenced by the phenomenological and existential perspectives of Heidegger, Merleau-Ponty and Sartre, which consider the person as embodied and embedded in the world, in a historical, social and cultural context (Eatough & Smith, 2008; Smith *et al.*, 2009). IPA researchers therefore, articulate phenomenological concepts through their understanding that experience is not only individually situated and based on personal biographies, but also intrinsically bound up with and contingent upon relationships with others, coloured and shaped by society, culture and history (Eatough & Smith, 2008).

Husserl is known as the founder of modern phenomenology (Finlay, 2011). His vision was for a philosophy of the study of the universal *essence* of things (Husserl, 1970). Husserl was concerned with finding the way in which the individual becomes familiar with their own experience and identifies essential qualities of that experience: meaning that if experience were examined critically, objectively, rigorously enough, that examination would reveal a core essence of a phenomenon, such that everyone would experience that phenomenon in the same way (Husserl, 1970). Husserl argues that in order to discover the

“ultimate truth”, it is necessary to examine the core of everyday experience (McLeod, 2003). Husserl encouraged researchers to set aside all previous knowledge, or overcome expectations, of the phenomenon being studied in order to see the ‘things themselves’ by ‘bracketing off’ those assumptions (McLeod, 2003). Husserl saw the procedure of bracketing as vital to moving away from everyday experience to the ‘phenomenological attitude,’ which involves examining our perceptions of objects, in order to encounter ‘things as they are in themselves’ free from preconceptions (Finlay, 2011, p. 44).

Smith and colleagues (2009) describe how Heidegger studied Husserl’s early writings which he described in his major work, *Being and Time*. Heidegger considered that we are always ‘in the world’, so we do not study our activities by bracketing the world. He stated that we interpret our activities and the meanings things have for us by looking at our contextual relations to things in the world. The Heideggerian concept of being-in-the world suggests human existence as situated in a historical, social, and cultural context (Eatough & Smith, 2008). This was further, emphasised by Merleau-Ponty who argued that knowledge is acquired through the body’s exposure to the world, and that the body and that which is perceived could not be disentangled. Both Heidegger and Merleau-Ponty saw a role for bracketing, not solely as a means to remove oneself from the world but as a means of further understanding how we are in the world in relation to the data as is suggested in IPA.

Hermeneutics, a method and theory for interpreting text and meaning, is another major theoretical underpinning of IPA (Smith *et al.*, 2009). The practice of hermeneutics began with the interpretation of biblical texts and later, enlightenment thinkers set about systematizing a practice into a method of understanding (Moran, 2000). In the context of IPA research, there is a role for a systematic and detailed analysis of the text itself, some of it will come from connections which emerge through having an overview of a larger data set and some of it may come from dialogue with theory. Hermeneutics functions as that which

interprets the meaning identified by phenomenology (Backstrom and Sundin, 2007).

According to Smith and colleagues (2009), IPA contends that people understand events based on previous knowledge and experience. IPA acknowledges that it is not possible to access an individual's world directly or completely, as this depends on and is complicated by the researcher's own viewpoint.

The analysis therefore, becomes what is known as a double hermeneutic (Smith *et al.*, 2009). This means that the process involves the researcher who is trying to make sense of the participant trying to make sense of their own world. According to McLeod (2001), the researcher must actively acknowledge his or her assumptions and presuppositions about the world, and use these creatively to feed into the process of understanding the participant. The researcher attempts to understand what it is like for the participant whilst asking critical questions of the textual account. Through this process, the analysis is always an interpretation of the participant's sense-making of their experience, rather than a statement of truth or objective facts. In practice, a degree of reflexivity is employed because the researcher carries prior experiences, preconceptions and assumptions that are influential in his or her interpretation and the experience being studied is viewed in light of their own experience.

IPA is idiographic, meaning that it focuses on the particular, the distinct experiences of particular people and the particular contexts in which those experiences occur (Smith *et al.*, 2009). An idiographic approach focuses on individual phenomena to trace their unique development and as such is concerned with depth and detail. IPA understands this on two levels. Firstly, in its commitment to detail in analysis, starting with one case and analysing it until some kind of closure is achieved (Smith, 2004). Secondly, in its commitment to the participants' understanding-how these specific people have understood a particular

phenomenon in a particular context (Smith *et al.*, 2009). This is a bottom up process, grounded in the real experiences and perceptions of people interviewed.

IPA also incorporates the ideas of symbolic interactionism, which holds the view that people act towards things based on the meanings those things have for them, which arise within social interaction (Bourne, 2009). We are continually constructing the knowledge and meanings we hold about the world around us, and this process is always located within our social and cultural histories. IPA embraces symbolic interactionism's concern for how subjective meanings are constructed by individuals (Eatough & Smith, 2008; Smith, 2004).

In summary, IPA's epistemological background roots the approach in a clear commitment to hearing from the participants, to allow what is important to them to emerge (Reid, Flowers & Larkin, 2005), rather than trying to prove a pre-existing hypothesis. Shaw (2001) argues that, the focus on individuals' experiences in IPA and the exploration of meaning making processes that are situated in participants' many cultural roles provide rich and diverse data that can be explored in depth. The key elements of IPA are that: it is an inductive approach; participants are the perceived experts on their own experience and are recruited because of their expertise in the phenomenon being explored; the researcher analyses data to identify what is distinct (idiographic study of persons) while balancing that with what is shared in the sample; and the analysis is interpretative, grounded in examples from the data, and plausible to the participants, readers and general public. Ultimately, IPA is committed to exploring, interpreting, and situating the means by which participants make sense of their experiences (Larkin, Watts & Clifton, 2006). This commitment links with some of the philosophy of counselling psychology namely: engagement with subjectivity and inter-subjectivity and prioritisation of the individual or first-person account (BPS, 2005). Therefore, using IPA as a research method maintains counselling psychology's

commitment to ground its practice in research while honouring its demand for congruence between counselling psychology values and research methods (BPS, 2005).

Given this, IPA was the qualitative research paradigm chosen as an investigative strategy that would best assist in answering this study's proposed research question. The aim of conducting a detailed exploration to capture an insider perspective on individual-lived experiences and how they make sense of these experiences (Smith & Osborn, 2003; Smith *et al.*, 2009) corresponds with the aim of the current study. The current study aims to reveal something about the experience of African immigrant women survivors of domestic abuse, and participants' accounts provide a rich source of data that can provide valuable insight into a participant's private world of thoughts and feelings.

3.3.1 Consideration of alternative methods

The decision to use IPA was premised upon the gaps in the literature and the philosophical stance of the study. The aim of this study is to explore how African immigrant women survivors of domestic abuse, who had received counselling and support services, made sense of their experience and the meaning they attached to these experiences. Qualitative methods such as grounded theory, discourse analysis and narrative analysis were considered when deciding on the most appropriate methodological approach to address the research aims.

According to Willig (2006) both grounded theory and IPA share many characteristics. They both aim to make sense of a person's or group's view of the world; and both focus on the building of inductive theories that are directly grounded in the data and are suited to studying individual or interpersonal processes and experiences (Charmaz, 2006). However, in comparison to grounded theory, IPA does not aim to develop theory but rather to give voice to the research participant's experience of domestic abuse counselling and support

services. Shaw (2001) believes that IPA is an exploratory tool that is data driven as opposed to theory driven. IPA is not concerned with proving or disproving existing theory, rather it is concerned with seeing a particular phenomenon from another view point, through those who are experiencing the phenomenon. Therefore, in using IPA to explore the experiences of African immigrant women survivors of domestic abuse with counselling and support services, the researcher begins with an open mind and allows the participants' accounts of their experiences to speak for themselves.

IPA is the chosen methodological approach as it aims to focus more deeply into the emotional life of individuals, personal meanings and how people make sense of a phenomenon. Its methodology allows for creativity in data gathering and it encourages the capture of complexities, contradictions, similarities and differences with both description and interpretation employed in the analysis (Smith *et al.*, 2009). The effect is to open a range of nuanced understandings, rather than finding and reducing the data to drive a theory. Furthermore, its commitment to the idiographic allows for the individual to be heard in verbatim extracts throughout the analysis. Also, this is a topic where the voice of the population has been overlooked by researchers, hence this may be the first opportunity to hear what African immigrant women survivors of domestic abuse had to say in depth, about their experiences of counselling and support services in the UK. This fits with counselling psychology's commitment to hear from those who might previously have been unheard (Rafalin, 2010).

In like manner, narrative analysis may have resulted in superficial accounts, as linguistic expressions that indicate deeper processes happening within the individual would be edited out. Derived from social constructionism, narrative analysis is uninterested in the human psyche, and individual ambiguities, focusing instead on areas such as the structure (e.g., Gergen & Gergen, 1988) and content (Crossley, 2000) of stories about various events,

with the aim of acquiring the essence through finding similarities across data sets. Narrative is one way of meaning-making, and so it was felt that IPA could include consideration of narrative in the sense-making of participants, without being constrained by this focus (Smith *et al.* 2009).

Discourse analysis is also seen as inappropriate in addressing the study's aims, as it explores the functional and performative effects of language in different social contexts (Potter & Wetherell, 1987). Discourse analysis focusses on the conversational features and linguistic resources participants draw upon to account for their experience (Finley, 2011), while IPA argues that people act not only as discursive agents, but also give meaning to their lived experiences (Eatough & Smith, 2006). Furthermore, Chapman and Smith (2002) suggest that IPA differs from discourse analysis in its perception of the status of cognition. IPA is concerned with what the participant thinks of the phenomena being explored and how language is used as a tool to communicate the experience. Discourse analysis on the other hand emphasises how linguistic resources have been developed and focuses on a more 'natural talk' (Larkin, 2004). IPA goes beyond the natural talk as the researcher explores meaning from what is being said by the participant. For example, through natural talk, IPA uses empathetic questioning technique to follow the experience of the participant.

IPA was chosen as it provided an analytic strategy that would seek to answer the main research question of understanding the lived experience of African immigrant women survivors of domestic abuse with counselling and support services. IPA recognises that meaning is constructed both by the researcher and participant during the interview and subsequently by the researcher during analysis. Other qualitative methods are limited, as they do not place significant emphasis on the activity that occurs between understanding the participant's world (i.e. their experience and interpretation) and the researcher's conceptualisation of it.

As such, IPA has the ability to identify and describe links between cognitions and physical states (Smith, 1996). Given some of the similarities between the researcher and the participant, using IPA means the role of the researcher is not ignored. The use of reflexivity during the interviews and throughout the research process is important in illustrating individual involvement in the meaning-making process (Nightingale & Cromby, 1999). Through reflexivity, the researcher can monitor herself to prevent personal biases. Apart from this, the hermeneutic circle is another way in which the researcher is kept in check to limit personal biases. The hermeneutic circle allows the researcher to leave behind her world and enter the participant's world, with the intention of viewing the phenomenon being explored from a new perspective. Being a reflexive practitioner promotes the understanding of what constitutes the researcher's realities and identities in a relational way. Snape and Spencer (2003) advocate that research should be transparent. As a core principle for both counselling psychology and qualitative research reflexivity is an ethical necessity.

3.3.2 The relevance of IPA to counselling psychology

IPA is an approach which was initially developed within the field of health psychology, and its applicability has since been demonstrated within counselling psychology research. Counselling psychology is defined in the *Guidelines for Professional Practice* (BPS, 2005, p. 1) as a branch of psychology which 'draws upon and seeks to develop phenomenological models of practice and enquiry in addition to that of traditional scientific psychology'. Therefore, the underlying philosophy of IPA is similar to that of counselling psychology, which values the importance of the individual subjective experiences, and the interpretation of meaning. The professional practice guidelines set out by the Division of Counselling Psychology in 2008, stipulates that engaging with subjectivity and intersubjectivity, values and beliefs, and respect of the personal accounts merges the scientific demands of empirical enquiry with a value base grounded in the

primacy of the therapeutic relationship. Counselling psychology is based on humanistic principles of empathy, congruence and unconditional positive regard (Rogers, 1961): prioritising the client's subjective and inter-subjective experience, focusing on growth, enhancing the potential and recognising the uniqueness of the client. IPA reflects this philosophy, attaching great importance to individuals' subjective experiences and exploring the meaning of these experiences.

Additionally, Kasket (2012, p. 65) argues that counselling psychology is 'willing to expand its horizons to accommodate a plurality of viewpoints, a multitude of possibilities and infinite varieties of potential truths'. Counselling Psychology adopts a holistic view of a topic to better understand it. The present study aims to offer participants the opportunity to explore their overall experience of counselling and support services in the UK. When undertaking IPA, the researcher explores the meaning of the lived experience of an individual regarding their position in their world, and social and cultural co-constructed networks within that world (Spinelli, 2005). This relates well to the philosophy of counselling psychology by providing an opportunity to explore the complexity and depth of participants' lived experience (Morrow, 2007). Both IPA and counselling psychology aim to comprehend an individual's experience as closely and accurately as possible, interpreting, contextualising and making sense of the individual story, accounting for perspective both in and outside awareness.

3.4 Epistemological considerations and reflexivity

The epistemological standpoint adopted by the researcher shapes the entire research process. Epistemology refers to the relationship between the researcher and the 'knowledge' she/he is trying to capture or understand (Stroud, 2011). King and Horrocks (2010, p. 8) claim that '*epistemology*, how we know what we know, a means of establishing what counts as knowledge, is central in any methodological approach'. Therefore, as this

research aimed to explore African immigrant women's experiences of counselling and support services, a contextual constructionism perspective was adopted. This is a position that proposes that all knowledge is situation and context-dependent (Jaeger & Rosnow, 1988). This position also acknowledges the unavoidability of the impact that one's personal and cultural perspectives has on research projects.

The aim was to gain an in-depth understanding of how African immigrant women perceive and experience domestic abuse counselling and support services in the UK. Smith and Osborn (2003, p. 54) state that, understanding has two aspects of interpretation: 'understanding in the sense of identifying or empathising with, and understanding as trying to make sense of'. This involves making sense of participants' experiences, and being aware of that personal identifications and empathy may have an impact on the research process. To account for this, this can be seen in the personal reflexivity section. Larkin and colleagues (2006) assert that both researcher and participant always construct a participant's account of their experience.

Through reflexivity, I found myself privileging the participant's story, their understanding of the nature of domestic abuse, its impact, their experiences of counselling and the sense they make of it. This is characteristic of contextual constructionism. According to Madill, Jordan and Shirley's (2000, p. 9) definition, the contextual aspect of contextual constructionism understands knowledge as 'local, provisional and situation dependant'. Contextualism advocates that everything that is experienced is affected by a range of contextual factors, and that facts cannot be separated from the context: 'the context of an historical, cultural and social milieu is integral to how we live, experience and understand our lives' (King & Horrocks, 2010, pgs. 19-20). Therefore, the data generated takes into consideration the cultural and historical context of the participants. The

subjectivity of the researcher is an integral part of the process and the researcher plays an active role in data generation and analysis.

Madill, Jordan and Shirley (2000) argue that constructionism postulates that there is no one single reality to be revealed by using the 'correct' methodology because human beings are conscious and meaning-making, constantly acting on the world around them and making sense of it in unique ways. This is a creation of meaning through the interaction of subject and object, an individual engagement with the world which explains why meaning is different for everyone, even in relation to the same phenomena (Crotty, 1998). Therefore, the observer creates reality, by giving meaning to what is observed (Jonassen, 1991; Von Foerster, 1984; Von Glasersfeld, 1988; Watzlawick, 1984). From the point of view of constructionism, any one person's interpretation or construction is as 'true' as any other person's interpretation or construction, as long as it works within a particular context (Dickerson & Zimmerman, 1996; Doan, cited in Rapmund, 2000).

Constructionism has its place in the epistemological assumptions of this study, because the research is concerned with exploring African immigrant women's experiences of counselling and support services for domestic abuse in the UK. The meaning attached to their experiences is their own individual interpretation of social reality around them, which depends on understanding of the social role in the society women are part of, including any values attached to it such as the language used or cultural background (Ahmed, 2008). For research purposes, this position acknowledges that results collected will be influenced by several factors. These include both participants' and researcher's meaning making systems, their cultural backgrounds and also the criteria by which research is judged by a wider psychological community (Henwood & Pidgeon, 1994).

However, IPA does not claim a distinctive epistemological position, but describes itself as ‘part of a stable of closely connected approaches which share a commitment to the exploration of personal lived experience’ (Smith, 2004, p. 41). Therefore, to clarify the study’s position, realism was also explored. King and Horrocks (2010) argue that realism, contextualism and constructionism epistemological positions are distinctly different and are used frequently by researchers who use qualitative interviewing, drawing on both realist and relativist thinking. Realism works from a position that we have direct access to the ‘real’ world and the picture of the world that scientific research paints for us is a true and accurate one (Gray, 2004). Realism is defined by Phillips (1987, p. 205) as ‘the view that entities exist independently of being perceived, or independently of our theories about them’. Therefore, the objects of research exist and act independently of the observer, and can be systematically analysed.

Following on from the above discussion, it could be argued that a realist position overlaps with the contextual constructionism, where people are understood to interact with others and their world from within their own networks of cultural meaning, and will therefore have different beliefs and expectations (Madill *et al.*, 2000). The central aim of this study was to explore how the research participants made sense of their experiences in their social, cultural, and historical contexts (Forrester, 2010). The researcher and participant co-constructed meaning, therefore the interviewer was required to consider their own perspectives and assumptions as a researcher (Braun & Clarke, 2013). The contextual constructionism position also accepts the researcher’s pre-conceptions, maintaining that the researcher’s avoidance of any assumptions is an impossible demand (Best, 1995). Attempts at recognising my own assumptions are addressed in the reflexivity section in the introduction chapter. Nonetheless, participants’ external reality was seen as ‘authentic’ and provided a foundation of knowledge that may influence understanding of African immigrant

women's experiences of counselling and support services, which in turn may serve as a catalyst for the development of change within the field of counselling.

3.5 Analytic strategy

According to Smith and colleagues (2009), IPA, aims to explore the personal meaning making process of individuals in different contexts. As such, the researcher, had engaged in a close interpretative relationship with each transcript, with the intention of capturing and understanding the meanings of the participants' experiences. In this study, data was transcribed verbatim from the audio-recorded interviews by focusing diligently on the original data, and organising the interviews for further analysis. Each transcript was formatted into a landscape table, with wide margins either side. This table format and the general process of analysis undertaken in this study was postulated, by Smith and colleagues (2009). In IPA analysis, the initial approach to the data is idiographic, involving a sustained focus on each individual transcript. According to Larkin and colleagues (2006), IPA involves a close line-by-line analysis of the experiential claims of each participant. Therefore, to facilitate immersion in the interview data the transcript was first read whilst listening to the corresponding audio recording. This allowed the participant's voice to accompany and infuse into text, highlighting the emphases of their speech which enriched my understanding.

From this, notes were taken to consider key phrases, such as summaries of content, connections between different aspects of the transcript and initial interpretations. Initial annotations were made in the left hand margin with descriptive commentary about initial thoughts on content, language use and interrogative comments (Smith *et al.* 2009). These descriptive comments were intended to stay as close to the participants' phenomenological meanings and experiences as possible. After re-reading each transcript, the margin on the

other side was used to note emergent themes drawing from the transcript as well as connections in the initial commentary. Each interview transcript was analysed in this way (see Appendix I).

3.5.1 Emergent themes

The ‘emerging’ themes from the data were developed from the initial comments and detailed in the right hand column of the table. ‘Emerging’ themes are intended to encapsulate the essence of the initial comments into precise and pithy statements; they must contain enough particularity to be grounded in the data, but enough abstraction to be conceptual (Smith *et al.*, 2009). Throughout this process the transcript was read and re-read to ensure that themes were embedded within and representative of the participant’s narrative. However, the themes at this stage of analysis were not seen to be fixed, but instead likely to change as the analysis progressed and cross-case analysis undertaken. Once all themes had been noted on the transcript the process of clustering these themes began. To achieve this all themes were pasted into a new document to form a long list. The themes were then read through and moved around until clusters developed, based on the similarity between themes. Each cluster was given a group title, or superordinate theme, to capture the essence of that cluster. The clusters were then put into a table containing superordinate themes, and referenced to the line number of the quotation. Only after the table was completed, and all important and representative data had been drawn from the participant’s transcript, then the entire process was repeated for the next transcript.

Once all the transcripts had been analysed, the process of performing analysis across cases began. This process involved revisiting all the individual theme tables for each transcript and checking that all quotes were representative of the specific theme. This process was done repeatedly until a larger and more coherent conceptual picture of the data as a whole group began to emerge. This reflects the continual movement in IPA between the

particular to the shared, and between the individual to the group. The analysis therefore forms an iterative and inductive cycle (Smith, 2007). It is at this point that the relations between themes were explored across cases, and points of convergence and divergence, commonality and nuance identified (Eatough & Smith, 2008).

All themes from all transcripts were copied and pasted into one document that was printed and each theme cut out and separated. The themes were then spread unto a large surface and physically moved around, creating groups or clusters. Sifting through the themes enabled the researcher to identify themes that tended to re-emerge across cases, and to discard themes that were not representative, or that emerged for one participant only. This process, formed clusters of superordinate themes and subthemes began to emerge. These themes appeared to represent the majority of data from all transcripts, and were therefore the best overall representation of the participants' experiences of counselling and support services in the UK. However, the process of organising the data was continuous, with themes being shifted, re-formed and revised in a dynamic manner. The final superordinate themes were only fixed at the point of write-up.

3.5.2 Validity and Quality

It has been suggested that quality assessment in qualitative research is different from validity and reliability assessment in quantitative research, and requires different assessment criteria (Barker, Pistrang & Elliot, 2002). Different authors have attempted to produce criteria for assessing the quality and validity of qualitative research, both generically (Hammersley, 2008) and across a range of disciplines, for example: social work (Barusch *et al.*, 2001), nursing (Rolfe, 2006) and psychology (Yardley, 2000). This study draws upon Yardley's (2000) four principles for assessing validity and quality of a study using IPA:

sensitivity to context; commitment to rigour; transparency and coherence; and impact and importance (Yardley, in Smith 2009, p. 180-183).

Sensitivity to context

Yardley (2000) argues that good qualitative research will demonstrate sensitivity to context through: sensitivity to pre-existing literature, the socio-cultural background of the study and the data obtained from the participants (Smith *et al.*, 2009). Therefore, the researcher may show sensitivity to context through attending to, for example, the sociocultural milieu in which the study is situated, the existing literature on the topic and the material obtained from the participants. With regards to this the researcher has both personal and professional experience of the topic under study. Furthermore, in the introduction and literature review of this study, the researcher attempted to demonstrate knowledge and understanding of the current literature concerning the topic. In the methodology section the literature concerning IPA is further described. Moreover, the participants' voices are incorporated as much as possible during the write-up of the analysis to support the arguments made. Lastly, throughout the entire study the researcher engaged in reflexivity (see reflexivity section).

Commitment and rigour

Yardley (2000) emphasises an in-depth engagement with the topic as well as competence and skill in the applied method. Shinebourne (2011) argues that in IPA commitment is demonstrated throughout all stages of the research process. In this study, the researcher demonstrated this, through persistence in recruiting an appropriate sample of participants, and commitment to engaging with participants with sensitivity and respect. Smith and colleagues (2009) state that IPA assumes a degree of attentiveness to participants during data collection and careful attention to the analysis. The data collected for this study

were deemed comprehensive and sufficient to address the research questions (see analysis section) and therefore demonstrates rigour.

Transparency and coherence

Smith, Flowers and Larkin (2009) refer to transparency, as the clarity with which the different stages research are written up. Throughout this study, attempts were made to be transparent, from data collection to the final list of themes. This is evidenced using participants' quotes in the final write-up. Reflexivity is considered to be an important part of research transparency (Yardley, 2000). Considering this, the reflexivity section of this study highlights the researcher's personal background, while a reflective journal was maintained throughout this research process. Yardley (2009) further states that there needs to be coherence between the study and the underlying theoretical assumptions of the approach which is discussed. This is demonstrated in the methodology section above, where the coherence between my research questions and the chosen methodology are highlighted.

Impact and importance

Yardley (2000, p. 223) state that impact and importance constitutes 'the decisive criterion by which any piece of research must be judged'. Domestic abuse continues to be an issue that receives attention due to its prevalence; however, the experience of service users of domestic abuse counselling and support services in particular among African immigrant women remain under-researched. Hence, this study is conducted to explore an under-researched area. I have included consideration of the implications for practice and relevance to counselling psychology of this study both in the introduction and discussion chapters.

3.6 Research Design

3.6.1 Sample size

Maxwell (2005, p. 22) indicates that as a general guideline, qualitative researchers ‘typically study a relatively small number of individuals or situations, and preserve the individuality of each of these in their analyses, rather than collecting data from large samples’. This allows the researcher to understand how events, actions and meanings are influenced by the circumstances in which they occur. Furthermore, as IPA relies on the lived experiences of people, and the subsequent meaning they attribute to these experiences, samples for such studies should be selected using a purposive sample of participants who have experienced a particular phenomenon, rather than through other types which use probability methods (Creswell, 2009; Smith *et al.*, 2009; Smith & Osborn, 2003).

Purposive sampling is a technique widely used in qualitative research for the identification and selection of information-rich cases for the most effective use of limited resources (Patton, 2002). This involves identifying and selecting individuals or groups of individuals that are especially knowledgeable about or experienced with a phenomenon of interest (Cresswell & Clark, 2011). Additionally, Bernard (2002) and Spradley (1979) note the importance of availability and willingness to participate, and the ability to communicate experiences and opinions in an articulate, expressive and reflective manner. Purposive sampling allows the research to talk about these participants in detail, exploring the convergence and divergences of their experiences rather than make more general claims (Smith & Osborn, 2008).

Using purposive sampling enabled homogeneity. Smith and colleagues (2009) posit that the extent of homogeneity will differ from one project to another. However, they emphasise that the homogeneous sample should not be seen as an ‘identikit’. The sample

utilised within the research project fulfils homogeneity, as the participants are all women, all originate from Africa, and all perceive themselves to be survivors of domestic abuse who have accessed domestic abuse counselling and support services in the UK. Conversely, one might argue that the varied nationalities (see participant demographics) of the participants in this research project does not fulfil the criteria of homogeneity. Even so, Smith and colleagues (2009) explain that researchers can be more selective about which factors are most important. In this research, the value of being an African woman immigrant and survivor of domestic abuse who has accessed domestic abuse counselling and support services in the UK is more important than the different nationalities. That said, future studies can strive for stronger/complete homogeneity by recruiting participants from the same nationality background.

Similarly, Smith and colleagues (2009) suggest that research adopting IPA are usually conducted using small sample sizes. They indicate that the reason for this is because detailed analysis on a case by case basis is very time consuming. Thus, a small sample size seems more appropriate for such a study. Other IPA studies such as Rizq (2011), Arrol and Senior (2008), Shaw, Senior, Peel, Cooke and Donnelly (2008), and Eatough, Smith and Shaw (2008) have used between five and eight participants. There are instances of IPA being used for slightly larger numbers, such as fourteen participants included in a study by Dickson, Knussen and Flowers (2008). However, Seidman (2006) offers the suggestion that a small number of participants are sufficient for an IPA study, although no specific number is specified. Instead, he argues that ‘the method of in-depth, phenomenological interviewing applied to a sample of participants who all experience similar structural and social conditions give enormous power to the stories of a relatively few participants’ (Seidman, p. 55). Therefore, this study used six participants in keeping with these recommendations, which falls within the average number for an IPA study.

3.6.2 Inclusion criteria

According to the principles of IPA, participants are recruited based on their expertise of the phenomenon being studied and form a relatively homogenous sample; they can all grant access to their perspective (Reid, Flowers & Larkin, 2009). A closely defined group of participants was therefore sought for semi- structured interviews in the current study.

Participants were recruited on the basis of the following inclusion and exclusion criteria:

- Participants needed to be African immigrant women survivors of domestic abuse, and currently not experiencing domestic abuse.
- Participants needed to have accessed counselling and support services in the UK.
- Participants needed to be fluent English speakers. As qualitative research relies heavily on language, it was considered that the richness and meaning of language might be lost if a translator was used. Without proper standards of rigor data may end up not conveying the true meaning of participant's experiences, due to incorrect translation and subsequently interpretation (Lopez, Figueroa, Conner & Maliski, 2008)

3.6.2 Exclusion criteria:

- Those engaged in counselling/psychological treatment were not considered for this study to avoid the possibility that the interview may interfere with the therapeutic process.
- For ethical reasons women who were experiencing domestic abuse were not considered. This was to minimize any potential harm that might arise from participating in the study. A case in point is that if a participant is currently experiencing domestic abuse, there might be a risk of causing harm by talking about currently distressing and frightening experiences.

- Similarly, participants experiencing serious mental health problems, such as psychosis, personality disorder, or who are at risk of self-harm or suicide were not considered for this study.

3.6.4 Participants

The respondents of the research project were all African immigrant women defined by the researcher as women who originated from Africa. However, it is important to note that each participant specified her own country of origin (see table below). Participants either worked, studied or lived in the London area. Their ages ranged between 25 and 55 years. They have been permanently resident in England for a minimum of 5 years. They had experienced domestic abuse for a period between two to seven years, and received long-term counselling with a minimum of 30 sessions except Julie (12 sessions). All the participants had finished their counselling in a period of less than two years by the time of the interview. The demographic information about participants was collected at the beginning of each interview. The details provided by respondents were voluntary and not directed by the researcher.

Table 1

Participant Demographic profile

| Participant (Pseudonym) | Age | Marital status | Number of children | Occupation | Immigration Status | Country of origin /region |
|----------------------------|-----|-------------------|-----------------------|---------------------|-----------------------|------------------------------|
| Linda | 36 | single | 2 | Assistant carer | Permanent | Zimbabwe/ Southern Africa |
| Michelle | 51 | Single | 4 | Health assistant | Permanent | Congo/ Central Africa |
| Natalia | 38 | Single | 2 | Shop attendant | Permanent | Nigeria/ West Africa |
| Julie | 27 | divorced | 2 | Student | Permanent | Kenya / East Africa |
| Maggie | 33 | Single | 3 | Health Assistant | Permanent | Tanzania /East Africa |
| Shasha | 28 | Divorced | 2 | Student | Permanent | Ghana /West Africa |

3.6.5 Recruitment

The process of recruitment involved contacting both general and specific, London-based voluntary organisations that offer counselling services to survivors of domestic abuse. I had good knowledge of some of these services and others were identified through internet search, discussion with colleagues at work, and course mates. Specific voluntary organisations that offered counselling to African immigrant women were targeted, as well as general domestic abuse services to maximise opportunities for recruiting participants. There

were eight organisations identified that provided counselling and support services to survivors of domestic abuse that had been contacted.

An initial email outlining my project was sent to managers of targeted organisations that offered counselling services to survivors of domestic abuse (Appendix A). The email provided a brief explanation of the aims of the study and personal contact details; hence, managers could contact the researcher directly if they wanted to participate. The email also requested permission to recruit participants. Four organisations invited me for an informal meeting to further discuss the study. At the meeting, the managers were given further information about the purpose of the study, the phenomenon being studied, how participants would be recruited, and what would happen during and after the interview. Preliminary informal discussions with managers of targeted organisations that offered counselling to survivors of domestic abuse, also highlighted the need for ethical approval from the University. These organisations agreed to assist with participant recruitment.

Participants were recruited using an advert placed on the participating organisations noticeboards in the waiting rooms within the service premises (see Appendix B). The participants that agreed to take part in the study were given the information sheet (see Appendix C), as well as the consent form (see Appendix D). The information sheet was designed to fully outline what participation would involve, including: no mandatory obligation to participate and that participation or non-participation would not affect the services received. The information sheet also outlined issues concerning audio recording and transcribing of the interviews and issues around confidentiality and anonymity. To widen the recruitment pool, the lead researcher worked in collaboration with the participating organisations, by talking about the aims of the study to groups of women who met within the organisation premises. This was a further means of recruiting potential participants.

Participants volunteered by contacting the researcher directly using the contact information provided. Telephone screening was conducted with each participant to ensure that participants matched the inclusion criteria for the study. Once this was met and the participant was still willing to partake, a date, time and location was scheduled for the interview. Therefore, three participants were recruited through this process. Once these participants gave consent, they were given a sheet to record demographic information (see Appendix E). This was collected on the day of the interview. All materials had ethical approval from University of Roehampton, as part of the proposal for the study.

Through discussion with my supervisors, a minor amendment form was submitted to the University of Roehampton Ethics Board to include snowballing. Robson (1993) describes snowball sampling as a technique where the researcher identifies one or more individuals of interest from the population. Snowball sampling is acknowledged as a useful choice of sampling strategy when the population you are interested in studying is hidden or hard-to-reach. This was considered a useful strategy as the participants of interest were difficult to recruit. African immigrant women survivors of domestic abuse, who had accessed counselling services within the UK were relatively difficult to find. Therefore, the initial participants recruited from the participating organisations were asked if they knew of any other women whom they would recommend to take part in the study. To prevent a breach in confidentiality or an invasion of privacy, the researcher gently asked the participants whether they would be willing to pass the information sheet and flyer to some potential participants. The information sheet contained information about the study and the researcher's details. This enabled interested potential participants to contact the researcher directly. From this method, an additional three participants were recruited, which led to six participants in total.

3.6.6 Interviews

In accordance with the IPA methodology, a semi-structured interview was devised (see Appendix F). This facilitated the participants dialogue to be incorporated and for the researcher to be guided by the schedule, while providing the freedom and flexibility to follow interesting issues that arose (Smith & Osborn, 2003). Kvale (1996, p. 5) describes a semi-structured interview as a professional conversation ‘whose purpose is to obtain a description of the life world of the interviewee with respect to interpreting the meaning of the described phenomenon’. A semi-structured interview aims to ensure the researcher’s agenda is addressed while retaining a sufficiently flexible approach to explore new areas of interest that may emerge during the interview. Smith and Osborn (2003) recommend that the interview schedule should include general and specific questions, that the interview should move seamlessly between the two and the specific questions should act as a prompt if participants are hesitant. Alexander and Clare (2004, p. 82) describe the interview process as ‘collaborative’ emphasising that the participants are the primary experts’, and this approach is within the aims of IPA research.

The interview schedule was constructed very early in the process of the research, in consultation with the research supervisors. The questions were open-ended, which allowed for the gathering of rich and distinctive data. The interview schedule was followed closely during each interview whilst also allowing participants to tell their story. Smith and colleagues (2009) claim that the interview schedule is used as a guide and is therefore flexible. The semi-structured interview in an IPA study should be led by the participant but guided by the researcher.

3.6.7 Interview procedure

Informed consent was obtained from all participants. Prior to conducting the interview, demographic information was collected using the socio-demographic form found in Appendix E. The beginning of each interview constituted of building rapport. The interviews lasted between approximately 45-60 minutes depending on the participant. These interviews were audio recorded with the participants' consent. A convenient time for each interview was arranged with each participants. They were also given the opportunity to ask any questions before the interview. Interviews occurred at a mutually convenient time for the participant and the researcher and all interviews were conducted in a consulting room at the participating organisation's premises. All interviews were conducted during service operating hours, within the counselling service premises. To enable voluntary participation, at the beginning of each interview, participants were asked to read and sign a consent form and fill in demographic information. The interview commenced once the participant had signed the consent form, and there was continued willingness to participate. The interview schedule was used as a prompt and interviews were recorded with prior consent using a Dictaphone, from which transcriptions were made subsequently. On completion of the interview, participants were provided with a debriefing form (see Appendix G).

- **Pilot phase**

The first interview was viewed as a pilot interview, to test the effectiveness of the interview schedule. The pilot also provided an opportunity to estimate participants' responses to the questions receive input regarding current content and allow technical rehearsal. Holloway (1997) argued that in qualitative approaches, separate pilot studies are not necessary. The qualitative data collection is often progressive (Holloway, 1997); the interviewer gaining insights from previous interviews, which allows a more in-depth

collection of data. Following the interview, the pilot interview was also included as part of the main study. This was due to the rich data collected from the interview.

3.7 Ethical considerations and approval

The proposal for this study was granted full ethical approval by the University of Roehampton Ethics Committee (see Appendix I). In addition, full and due consideration was given to the ethical implications of the proposed research, in accordance with the British Psychological Society Code of ethics and conduct (2009). These standards require that participants are protected from possible psychological or physical harm, preserve their dignity and rights, and also assure their confidentiality and anonymity.

The participants who expressed an interest in participating were given a written Information sheet (see Appendix C) which provided them with details about the study's aims and what participation involved so that they might give informed consent. The consent form explained and reiterated all information regarding supervisor contact details, the purpose of the study anonymity, the right to withdraw at any time and researcher's contact details. Participants were assured that they had the right to refuse to answer any questions should they desire.

All signed material such as consent form and other material related to participants, such as demographic forms, have been kept securely in a locked cabinet at the researcher's home. Participants were given numerical codes listed on the debriefing form to be quoted if they wished to withdrawal from the study. Although this research did not anticipate any physical risk to participants, it was acknowledged that partaking in such a study may trigger distressing experience. However, my aim was to minimize this possibility by ensuring that participants were informed about the aims of the study from the initial contact. Participants

also received a written debrief form (see Appendix G) at the end of the interviewing process. The debrief form contained contact details for the researcher, Director of Studies and Head of Department, should participants wish to raise any other issues regarding the conduct of the interview. Information regarding the relevant resources that could be accessed in the event of participants needing support following the interview was also availed to the participants (see Appendix H).

Chapter four: Results

4.1 Overview

The aim of this study was to explore participants' experiences of domestic abuse counselling and support services in the UK. The interpretative phenomenological analysis of semi-structured interviews with six African immigrant women survivors of domestic abuse is presented in this chapter. The analysis resulted in the development of five super-ordinate themes. These were as follows:

- Barriers to seeking help
- Breaking point to seeking help
- Overcoming fear and building trust
- Journeying together
- Recognising a new me

The exploration of these super-ordinate themes and their constituent subthemes will form the basis of this chapter, with each theme illustrated by verbatim extracts from the interviews. These superordinate themes and their constituent subordinate themes are summarised in Table 2. These themes represent an illustration of both the direct experience of counselling and its place within the wider context of participants' lives including the circumstances under which they came to need counselling and their experience of it. This is not an exhaustive account of all the data gathered in the research interviews , but an interpretative understanding developed to answer the research questions posed by this study about how African women survivors of domestic abuse experience counselling and support services in the UK.

Therefore, it is important to recognise that these themes presented are only possible accounts of the participants' experiences. In accordance with Smith, Flowers and Larkin (2009), the development of these themes was based upon the researcher engaging in a

double hermeneutic, as previously discussed in chapter three. It is therefore acknowledged that these themes are a subjective interpretation and that other researchers may have focused on different aspects of the accounts. Whilst the five superordinate themes were common across six accounts, there were also areas of difference and divergence some of which are also commented upon in the analysis below. As such, this chapter will explore this interpretation in depth, and some of these insights will then be discussed with reference to the extant literature in the subsequent section.

In presenting the verbatim extracts from the interview transcripts, some minor changes have been made to improve readability. Minor hesitations, word repetitions and utterances such as “erm” have mostly been removed. Missing material is indicated by dotted lines within brackets (...), and where material has been added (e.g. to explain what a participant is referring to) it is presented within square brackets. Dotted lines at the beginning or end of an extract indicate that the person was talking prior to or after the extract. All identifying information has been removed or changed, and the alias names used in the method chapter have been maintained to protect the anonymity of participants.

Table 2

Superordinate themes and subthemes

| Superordinate themes | Subthemes |
|-------------------------------------------|-------------------------------------|
| Barriers to seeking help | Cultural pressure |
| | Self- blame |
| | Threat of immigration |
| | Language barrier |
| | Not knowing |
| Breaking point to seeking help | Concerns for the safety of children |
| | Recognising the danger of abuse |
| | Abuse is like a prison |
| Overcoming fear and building trust | Going into the unknown |
| | Building trust together |
| Journeying together | Feeling heard and understood |
| | Feeling safe and cared for |
| Recognising a new me | Developing a sense of self |
| | Feeling liberated |

4.2 Barriers to seeking help

This superordinate theme aimed to cast light on the challenges experienced by these participants in relation to seeking help. Participants identified several internal and external struggles as barriers which inhibited them from seeking help. Across six accounts, pressure of cultural expectation, self-blame, threat of immigration, language barrier and lack of awareness about the existence of services posed a formidable challenge. The internal

struggle is mirrored across the subthemes of *self-blame* and *not knowing* the existence of services which explores the sense of guilt, shame and embarrassment.

4.2.1 Cultural pressure

All participants either commented upon having trouble seeking help due to cultural norms, the traditional value placed on marriage within their culture and the shame of a failed marriage. These factors seemed to play a significant role in hindering women from seeking help and not wanting to share their problems. Many African traditions do not allow women to talk about their personal problems. These women are far from their country of origin however, culture still seems to inform how they conduct their relationships. Most participants highlighted the importance of keeping their marriage intact, and consequently not disclosing what goes in their relationship even if it is abuse. Natalia stated,

It is not easy to seek help because I thought they are family issues like it's in our culture, issues between married people are issues for the family you don't have to disclose them to anyone. You are married and the marriage has to work you have to keep your family together (line 19-23).

The cultural value placed on marriage was emphasised by participants. It seems this led to an inevitable desire for women to keep their marital relationships intact. Participants commented on how their cultural background defined their understanding of what an ideal family was. The maintenance of strong cultural values meant that the choice to seek help/counselling in situations of abuse did not come easily. Michelle's narrative suggests tremendous cultural pressure when one tries to break through societal expectations. She said,

Culturally we don't do this (seeking help) we get married; even if you fight they tell us that you have to always be with the man. You hold it together. A man is the head of the family, you have to sort it out in some way or live with it. You cannot start talking about what's happening in your marriage (line 88-92).

There is something immeasurably sad about Michelle's sense making of her cultural expectations. The words 'we get married' and 'even if you fight they tell us that you have to always be with the man' evoke more of an impression of being stuck, and her use of them clearly highlights the extent of her problem. Michelle seems to have attributed the challenge of seeking help to an internal cause 'culturally we don't do this', suggesting more of how the cultural beliefs inform how they conduct their relationships. Michelle also seems to suggest an element of preserving family tradition 'a man is the head of a family'. Adhering to this family tradition appears to curtail her freedom and opportunity for disclosure regarding the abusive relationship. Additionally, Michelle's account demonstrated that the attitude and understanding of a family in her community hindered her from seeking help/counselling:

You will be seen as a bad woman for leaving your abusive husband. People won't look at you in the same way, I mean it's unacceptable, your kids will not feel free all the time there is finger pointing, and you feel responsible for being weak and a failure there is no social network, you lose that connection in your community (line 36-44).

This extract reveals that Michelle is in position of vulnerability, portraying an image of isolation and loneliness. The phrase ‘finger pointing’ may relate to community stigma and discrimination on being perceived as ‘a bad woman’, ‘weak’ and ‘a failure’. Her account also seems to suggest that this kind of vulnerability is experienced by her children. She is concerned that her actions of attempting to leave an abusive marriage will, not only affect the way people perceive her, but it may also have an impact on how people treat her children. She portrays a picture of risking stigmatization and being isolated by her own community.

For most participants’ I wondered whether seeking help was associated with leaving one’s marriage, and a fear of its likely negative consequences on account of the cultural norms and expectations. Several participants described the family structure as a priority. According to Julie’s account:

A woman gets married. Everything between you and your partner has to stay in the room, that’s what we believe. You face difficulties and keep quiet, you face challenges you keep quiet, you are abused you keep quiet for the sake of saving your marriage (line 216-220).

It appears Julie is outlining a similar kind of vulnerability that Michelle felt, portraying an inherent sadness to her unspoken sense that she cannot or must ‘keep quiet’ despite everything she is going through. It seems that she must keep these feelings and abuse to herself. Furthermore, Julie’s account demonstrated that some women were reluctant to seek help due to a community attitude where women are expected to be strong and save their marriages: ‘you deal with it, I mean you have to be strong and that’s what

everyone expects' (line 26). Maggie described feeling pressure from the community in relation to the importance of marriage. She stated, '...I had to pretend everything was okay and try to please the abuser every other day for the sake of keeping my marriage, I had to do whatever it takes to make the marriage work. I mean when you leave your husband, people would not understand it' (line 182-187).

Maggie's description of a family structure seems to deal with value laden concepts such as loyalty and commitment. She seems to be reporting a cultural tradition where there is a strong sense of obligation and loyalty to her family and husband which translated into keeping the issue of abuse private. Likewise, Shasha reported that,

I wanted to keep it in the family, I didn't want to go out and talk about my husband and family, I mean that would look bad on me, you know I wanted to build his reputation and I had to make the marriage work (line 130-134).

Shasha's narrative seem to suggest that she did not wish to expose this 'family problem' to outsiders, which seem to be rooted in her desire to protect her abuser '*I wanted to build his reputation*'. It seems that the level of prestige that her husband has within the community would be ruined, as such Shasha is encouraged to keep silent in order not to embarrass her husband. Similar to Julie and Maggie's accounts, Shasha seems to suggest a feeling of loyalty and hesitancy to step outside the boundaries of traditional family and cultural norms. It can be argued that this hesitation and loyalty prevent these women from seeking help.

Some participants also reported that their cultural beliefs created shame and embarrassment related to a failed marriage which further reinforced the notion of keeping domestic abuse issues secret and not disclosing. Maggie said,

I had to do things that I didn't want to do, stand the abuse, stand the torture, stand the beatings , stand the negative words, he would call me anything nasty. I did it to save my marriage because people will laugh at you unless you hide from people (laughs)... People talk about their family and you cannot have a family without a husband that's how it is in Africa. I mean it's embarrassing you become a reference for young people in a negative way (line 191-200).

Maggie's account demonstrates that community expectations seem to place high value in preserving cultural beliefs. It also seems to suggest a dynamic that develops in which women are encouraged to deny abuse and remain in violent relationships. Her account demonstrates that fear of shame and embarrassment from the community increases the likelihood of staying in an abusive relationship.

For these women, it appeared that being in an abusive relationship is not easily defined or acknowledged by those in the relationship. These women indicated that when looking back, it was easy to see signs of abuse, but at the time there were many reasons not to admit it to themselves or others. They did not want to believe that they could let this happen or that the person they loved and cared for would do this to them. All the participants in this study commented that 'a man is head of a family' in the African community, and that culturally one is obliged not to disclose issues in marriage. Shasha stated: 'I was in denial, I loved my husband and I could not believe that actually he was doing this to me, like he didn't care' (line 150). She further described that this prevented her from disclosing both to authorities and her family.

I couldn't tell my mum, I didn't want to worry her and I think I believed she would not agree with me leaving, kind of not knowing what to expect from her real , so I

thought I could deal with it myself and not wanting to spoil his image' (line 156-159).

For these women shame is a powerful emotion that often led to isolation. Shame seems to have been a common reason as to why an abusive relationship was kept hidden and even sustained. For example, Julie highlighted: 'I knew I was in a bad relationship and I was ashamed of it, I couldn't tell anyone' (line 124). Michelle also stated that the reason she did not tell anyone was:

I knew things were not good, I was aware..., I knew my children were suffering, I was suffering and I was ashamed of it, I felt so stupid that I couldn't move on as if I was bewitched (laughs) which is stupid and telling another person this crap (line 102-107).

Often these feelings facilitated an exhausting effort to keep the abuse hidden. I wondered whether seeking help meant 'reporting' the abuse for these women, and if seeking help meant abuse is not 'hidden' any more. The participants also stressed that it was considered inappropriate to complain about the hardships of marriage, and this seems to conspire with the cultural belief of silence regarding actual male behaviour. These women took on the abuse blaming themselves for the abusive situation overwhelmed with feelings of guilt, shame and embarrassment. Both culturally and on personal level, the women were concerned with family loyalty and preserving their marriage. The participants' narratives seem to suggest that culture has a profound and significant influence in the decisions and actions abused African women consider regarding seeking help.

4.2.2 Self-Blame

Self-blame was another overwhelming barrier preventing women from seeking help. All participants' initial reaction to abuse was to accept their role in triggering it, and this prevented them taking the steps they needed to take to begin their journey to seeking help. These women tended to blame themselves for their partner's behaviour. For the majority of these women self-blame seems to create a fear of shame. For example, Natalia reported that, 'I thought I was to blame for what was happening, maybe I didn't do enough as a woman and that maybe when I tell another person they will also blame me' (line 202-204). For Shasha, she took the blame on herself, and this led to an expectation and belief that other people would blame her too. This not only hindered her from seeking help but she also carried the burden to care for her abusive husband:

My life was put on hold because of him, you know being in domestic violence relationship you feel like you owe this person somehow it's like you have to care for them, you feel like you're their mother in a way. It's like, "if I leave him how is he going to survive". I was constantly blaming myself for many things and talking about it with another person was like betrayal to him. I felt guilt and at fault all the time and I was afraid if I tell my family or someone else they would blame me too (line 362-372).

Maggie described how self-blame and feelings of guilt posed a challenge for her to seek help.

I was thinking and believed I was at fault like I am the one who forced him to treat me badly. Like I was not good for him I was not nice. I started doing everything different to please him and every day the situation got worse. I had no little bit of

confidence. Whatever he said I did by just a snap of a figure. I couldn't tell anybody what he was doing I believed I was on the wrong (line 375-380).

Maggie's belief was that being abused was her fault for not being a good enough wife. In addition to her feelings of self-blame, she felt that she had to alter her own behaviour '*I started doing everything different*'. Her use of the words '*to please him*' seems to suggest that she had to be more submissive, compliant or loving. Her narrative also seems to suggest that she had to work harder at her marriage to make it happier. This feeling was echoed by most participants who believed the best way to cope was to change their own behaviour such that their partner would treat them better. Equally, Julie gives an account of how self-blame impacted on her daily living and consequently, not being able to disclose the abuse:

I was just in denial, I just felt like I deserved it I deserved what was happening to me, and I couldn't see myself coming out of it. I looked at all options and every time I came back to the same thing I need him and I deserve what is happening and the circle goes on and on until you accept that you're at fault and deserve what's happening, it's an awful feeling and I just wanted the ground to swallow me (cries), I could not face people knowing I failed my marriage (line 89-96).

Julie's narrative above seems to suggest an internal shame harboured in her feelings of self-evaluation. Her words 'I could not face people knowing I failed my marriage' also seems to portray that Julie was weary of the external pressures (external shame) that other people will look down on her. This powerful emotion seem to have a negative effect on Julie causing her to feel inadequate and hopeless as she states 'I wanted the ground to swallow me'. I wonder whether she was conditioned to believe that everything she did was

wrong and the abuse was her fault, and whether there is an element of reflected shame that she can bring to her family. Linda described her experience ‘I honestly believed I was the problem because he made me feel so little, like I was nothing’ (line, 171).

From the participants narratives, self-blame seems to have created feelings of shame and embarrassment which consequently acted as a barrier to seeking help. I wonder whether disclosing the abuse is perceived to be a stigmatized status. They seem to have kept their experiences of abuse secret for fear that others may not believe them, and assuming that others would blame them for being failures. The participants’ narratives also demonstrated that upon realization that the relationship was abusive, there was a feeling of despair and helplessness. The participants indicated that they did not want to worry their friends and family, which seems to conspire with the cultural expectation to keep the marriage ‘intact’.

4.2.3 Threat of immigration

The majority of the participants’ interviewed highlighted the threat of immigration as one of the barriers to seeking help. This relates to African immigrant women entering the UK as wives of British citizens, who must remain in their marriage for a period of time before they can apply for Indefinite Leave to Remain (ILR), and some who had overstayed their visas. During this period they must depend financially on their husband or find employment and they have ‘no recourse to public funds’, that is, no entitlement to welfare benefits, council housing or the use of public funded facilities unless they can pay for these services. Participants reported that this was often used by men to threaten women with deportation if they ‘reported’ the abuse. Julie explained how her feelings of fear of deportation made her stay in an abusive relationship.

My partner used to threaten me, he would tell me that he will call the police because I had overstayed my visa. He would tell me that I will be put to jail and

stay there forever. He was abusing me and yet I looked at him as my saviour (line 40-45).

In many respects this situation could be seen to have infantilised Julie, she is powerless on her own and reliant on her abuser by looking at him as her 'saviour'. She is unable to do anything on her own, given this situation; she is helpless as a child. It can be argued that her narrative suggests the feeling of being trapped, which makes her feel powerless, stuck and helpless. Fears around being deported because of unsettled status kept Julie in an abusive relationship unable to come forward and seek support. Men also used the threat of deportation as a means of controlling women which made their efforts to seek help/counselling more complicated, due to fear of the consequences. Maggie described this,

I had problems in my relationship, my husband was abusing me. He was doing all bad things to me, things that I couldn't tell anyone. He was beating me, he was not giving me support he treated me like garbage so many horrible things were done to me. I had bruises on my body, I was not respected but I had nowhere to run to I was so scared. He threatened me every day and reminded me I was illegal, he would put TV channels where they were hunting for illegal immigrants and pick up his phone that his calling police to report me. I would be on my knees begging him. I feared being in public and hid from everyone, that's how bad it was (line 14-27).

Maggie's experience here echoes Julie's reflections above, with an underlying sadness. Her narrative reveals that her partner furthered his perpetration by actively threatening her with deportation. Her narrative is one of desperation, pain and endurance. Maggie's use of the words '*he treated me like garbage*' reveals a feeling of dehumanising by her partner. Her narrative demonstrates how she was made to feel worthless because of her unsettled migration status. Her description gives a sense of an overwhelming situation. It

is difficult not to wonder about Maggie's suffering as well as concerns for her well-being. The dependency of women on men, created by insecure immigration status made many women in this study cautious of seeking help. Women felt threatened by their perpetrators and it seemed that seeking help meant withdrawing the financial help. It appears that the worry and fear of deportation, prevented women disclosing the abuse, as they were anxious if caught. Consequently, this and its likely effects prevented women from seeking help. Linda reported, '...to do things, to have access to benefits, they were in his name because he had papers. I didn't have access to funds in this country. I was dependent on that man' (line 178-180). This extract suggests that Linda's perpetrator was 'weaponising' her legal status to control her. This seems to have left Linda powerless and at risk of exploitation, fearful to seek help, as she was 'dependent' on her perpetrator. For these women the threats of exposing their migration status seem to have been overwhelming.

Natalia articulated this further by stating,

I had no recourse to public funds we had two children I was fulltime house wife, I had not worked in this country, I was depending on him my whole life rotated around him, when I left home (Africa) to join him I had a dream, I was a young confident woman, but all that was gone in a few weeks. I started leaving in fear he made it clear I was here because of him and without him I was nothing. I believed him and lived in his shadow (line 272-278).

From this extract, Natalia seem to portray feeling vulnerable and invisible. Her account demonstrates how she was controlled and manipulated by her perpetrator because of her unsettled status. Her account reveals that she was entirely dependent on her perpetrator. Her perpetrator seemed to have used her dependency on him as a weapon to perpetrate further fear, abuse and control. Some participants highlighted how their migration status

and misinformation relating to support for illegal immigrants influenced their decision to seek help. Michelle described:

I thought I was not entitled to anything and that since I had no recourse to public funds I would not get any help without money. Like in my country everything is money... you have to pay for everything and I knew if I started going to police or using public services I will not get Indefinite Leave to Remain. I was so ignorant and you know people in our community (African community) can worsen the situation, I didn't know I think sometimes we don't know what it means or even whether there are special cases (line 131-137).

These women's narratives demonstrated that they believed that without a secure migration status they were not entitled to help, and that seeking such help would deny them Indefinite Leave to Remain or being deported, which led to hiding the abuse. This seems to be linked to fear and lack of knowledge about their rights and information on services available to survivors of abuse. Furthermore, this seems to suggest that when the immigration status of women is dependent on their husband, the power imbalance within marriage is further weighed against a woman. For women facing domestic abuse with an insecure immigration status their choices are stuck. For these women leaving, or acting against the wish of the abusive man for example by seeking help can mean deportation, and this threat is a powerful tool in the hands of the perpetrators. Additionally, due to the stigma associated with the break-up of the marriage in African culture and the blame attached to the women for leaving the relationship, many women fear further violence from their own families if deported.

4.2. 4 Language barrier

Language was also seen as a barrier to seeking help/counselling. Many participants emphasised that they had little understanding of English. The inability to communicate effectively in English prevented these women from seeking help, particularly calling the police. Natalia reported: 'I had a problem of communication. My English was not good I was afraid of saying something and maybe someone gets it wrong' (line 183-184). Some participants avoided seeking help due to a fear that they would not be able to express themselves in English, that is stating exactly what happened in their relationships and this contributed to hiding the abuse. These women were concerned that if they called the police and could not explain what had happened, their perpetrators may claim that the victim had initiated the violence, or that nothing had happened. They were wary that this might worsen their situation. Michelle described this:

I knew that if I call the police he would deny everything the funny thing is that he was the one interpreting for me (laughs) he would say nothing happened and then he would bully me asking what did they do, they can't do nothing. I knew someone who had gone through the same thing like she used her son to call the police and the child could not explain well what was happening and the police walked away because like, you are the victim you cannot tell them what happened it just switches you off, I was angry with myself and he didn't allow me to study English he knew that would be give me freedom (line 243-250).

Shasha reported feeling frustrated at her limited capacity to communicate in English. She stated,

We are a community (African community) and in most cases people know one another, if someone maybe locally is to interpreter for you then everyone is going to

know like it doesn't seem private and it's like you cannot easily believe and trust this person that they won't spread the rumor of what they heard (line 201-203).

For these women, the inability to effectively communicate in English made them voiceless from disclosing the abuse, due to fear that they may be misbelieved and furthermore they felt that interpreters may betray their trust regarding confidentiality. According to most of the participants in this study, it was particularly hard to seek help with a limited command of the English language. Often, they relied on interpreters. Confidentiality, privacy and trust seemed to be important issues for these women. It appears that the language barrier also has the potential to inhibit victims from obtaining public assistance. This may be worsened by the inaccessibility to information and resources in the victim's native language.

4.2.5 *Not knowing*

Participants highlighted that a general lack of awareness among African women immigrants of services available and how to effectively access them was a barrier to help-seeking. As the participants spoke of their experiences of seeking help, not knowing, or not being aware of their rights and duties, or services were the major concerns in the constituent theme. This was evidenced by Shasha, 'I just didn't know where to start, like I didn't know. I was clueless about the whole thing of seeking help' (line 109). Maggie also stated: 'I was advised to seek professional help by my friend-I didn't know that there was anything like that, I didn't know that there was a way out, that's why I kept suffering' (line 248-252). For almost all participants, lack of awareness about the availability of services, resulted in a longer process to access help. Linda described:

I don't know what I am going into. I don't know how the system works I didn't know the process, if it the GP, I didn't know... I didn't know what was the best option for me to take , so I called the police , I gave a statement and it was there that I was advised to talk to my GP who helped me to get into counselling (line 54-59).

Some participants indicated there was a hesitation to utilize the services because they were uncertain of what to expect. Natalia stated:

when I tell this person would he understand me and help me or he would just give me medication and it couldn't work and I have disclosed my family issues. So it could real bother me whether it could work or not (line 39-42).

It seems that the lack of wider knowledge of the services available to provide support resulted in some of these women suffering in silence. It also appears that the feeling of not knowing about what was available, led to uncertainty about what was expected of them as clients in counselling. Their sentiments suggested that they perceived that counsellors had certain expectations of them; that they had certain responsibilities of which they knew very little. Julie explained; 'The counsellor maybe expect something from you and you don't know about that, and maybe it's my responsibility to ask, I don't know something is there for me again how do I ask' (line 117-118). This was further described by Linda:

You are discovering the world now and things can be tricky because you haven't been out for long time, being in closed doors all the time where the man does everything. It can be overwhelming you don't know which one is which what services to get and people to go to (line 277-282).

In summary, a substantial number of participants had little or no knowledge of counselling services. Their narratives revealed that with their limited frame of reference (since there are

few services for abused women in their countries of origin), they did not know that such services existed in the United Kingdom. In some of these cases, men seemed to have taken advantage of this ignorance, to keep the women in abusive relationships and to isolate them.

4.3 Breaking point to seeking help

It was found that extreme, adverse circumstances led participants to seek counselling. This sometimes meant only when the participant and her children were in extreme danger, then help was sought. The children suffered both physical and psychological distress, such as feeling scared, anxious, depressed, angry and overwhelmed. The participants described put downs, attacks on their self-esteem, physical and emotional abuse, sexual assault, and ‘mental mind games’ as factors that led to the breaking point to seeking help/counselling. The participants stated that they went into counselling because they felt like they could not handle things on their own any longer. Three subthemes developed; concerns for the safety of children, recognising the danger of abuse and abuse is like a prison.

4.3.1 Concerns for the safety of children

The effect of abuse on children was significant in women’s decision to seek help. In this study, participants reported that their children were both a barrier and an incentive to seeking help. However, for most women the safety of their children was more of motivation for seeking help/counselling than being a hurdle. Most women had to seek help for their children’s safety to keep them away from harm. Linda disclosed:

I was worried about the security and the safety of my children, the fear of losing my children or being taken away from me by social services were threatening to me ...this was the tipping point for me to seeking help (line 42-53).

Women also described violence towards their children, or the realisation that their children were being affected, as giving them the strength to seek help. Maggie explained: ‘the fact that I saw the way my children were suffering ... it came to a point that my children’s education was going to be affected.’ (line 52-53). This was further narrated by Natalia:

I had always been scared because he used to always say, ‘if you leave me, I’ll take my children away from you’. Until he tried to strangle me... like he wanted to kill me (silence), I was scared that he would do the same to my children, I called 999, and the police were on the door the next minute. That was my start to freedom, it kind of opened my eyes that help is available (line 67-71).

There was a suggestion that their children were more valuable than themselves, and they would act to protect their children when they felt unable to protect themselves, or unworthy of protection. This seemed to be significant in the decision to seek help. Julie shared:

It’s like I felt ‘do what you want to me, I didn’t matter at that time, I didn’t care what would happen to me, but don’t take it out on my children.’ You know ... don’t do anything to my children and I had to talk to someone for the sake of my children... I felt worried that he would do something to my children (line 132-135).

Julie’s extract seem to suggest that her trigger to overcome obstacles and seek help was an escalation of abuse, and desire to protect her children when violence was turned towards them. Her narrative also seem to suggest a certain level of denial, perhaps the recognition of just how damaging the relationship had likely been for her and her children was too painful to be acknowledged. All women described their children as having been a source of inspiration and strength to seeking help. Michelle described this strength as follows,

If I didn't have children I don't think I would be alive, you know.... It's the kids, my children have kept me going every day. I am strong for them and that give me strength for myself. I feel stronger with my children, yeah, I wanted my children to be happy' (line 162-165).

For all the participants, children may have been a source of motivation for these women to seek help. Most of the participants expressed concern about their children seeing and hearing abuse by their fathers and were worried of the impact this would have on them. It also seems the safety of children helped these women in making decisions to seek help.

4.3.2 Recognising the danger of abuse

In some cases, fear of life-threatening violence seems to be significant in women's decisions to seek help/counselling. Shasha reported:

I feared for my life the abuse went on for so long that I thought that one day I'll go to bed and never wake up if I don't do something, it got to that point where I couldn't stay with this man anymore, I had to do something so that's when I realised I need to seek help as soon as possible (line 11-15).

She further described how this also led to the loss of her unborn child, and consequently feared for her own life,

When it got to a point where things got more serious, I had a few miscarriages from these fights, you know there was a point where he would, you know, fight when I'm on stairs and I would fall down and you know I lost two of my babies in this marriage. So it came to the point where I said "he's going to kill me maybe I will go to bed and never wake up." That's when I realised my life was in danger and I had to talk to someone (line 25-31).

Shasha's account highlights the point at which she decided to seek help as being 'I feared for my life'; suggesting that the despair and diminishing hope that she was experiencing pushed her to seek for help as a last resort. Her account suggests that the abuse had intensified to a point of it being unbearable; hence she had to seek help. Some of the women described having a 'breakdown' due to the abuse as the tipping point to seeking help/counselling. Some of the participants indicated that they were feeling sad and depressed this led to suicidal ideation. Natalia stated, 'I lost weight... I had no desire for anything, I was just empty'. Julie stated, 'I just started crying and no matter how much I wanted to stop I wouldn't stop, I didn't want to leave anymore. I just wanted to escape' line (201-201).

For these women the result was anger. They were upset that this had happened to them and angry that someone had treated them this way. Maggie stated, 'I was just full of anger'. This led to lack of trust in others, specifically men, and she stated, 'I don't trust anyone, I don't trust men'. These women also described symptoms consistent with post-traumatic stress disorder such as nightmares, Julie exclaimed:

I was just scared. I started having nightmares feeling crazy , it started with things like coming into my head during the day and in the night and I just break down, I was in tears I was not feeling myself and I was like "I need to go see somebody". I thought I was crazy, yeah like real crazy. That's when my friend suggested I should go for counselling. She helped me call some organisation (line 154-156).

For some of the participants who had endured prolonged abuse, simply wanting to end the abuse was a determinant for their decision to seek help. These women simply realised that the abuse was unlikely to stop. Shasha expressed:

I said you know, “this is damaging to my body, it’s damaging to myself, I have to get out”. it was “I have to get out, I need to seek help” it goes back to the mental state sometimes when you have had enough you feel like you know if I stay here we will kill each other one of us will die (line 369-373).

4.3.3 Abuse is like a prison

All participants’ accounts suggested a feeling of being trapped. This also included monitoring their movements. Their accounts seem to demonstrate a deep sense of fear and powerlessness. It seems this fear eroded these women’s’ confidence and belief in themselves. Women’s testimonies highlighted that this sense of fear resulted in isolation from the wider community and friends. Women’s narratives suggest that their perpetrators’ power and control tactics exerted control over their emotions, thoughts, relationships with the outside world, and potentially every aspect of their life. Their narratives revealed that being in a state of ‘powerlessness and hopelessness’ acted as a motivation for seeking help rather than being a barrier. Linda stated, ‘Making me stay indoors like prison and not going outside to socialise with other people knowing that that would be setting me free’ (line 18-20). Supporting this, Maggie stated, ‘The fact that I was being controlled means that I was not going to speak to people I want to speak freely I was like a prisoner’ (line 113-114). These women would have to explain where they were going and what they were doing. This controlling behaviour created a feeling of hopelessness and powerlessness. Shasha said;

It was shock; I stayed in that marriage for so long without saying anything. I had to pretend to people that... go to church as if everything is okay, my marriage is okay but deep down I was dying, I was dying I felt like I was trapped in a tunnel where I am screaming and no one can hear me, what I wanted to cry out for someone to rescue me (line 100-105).

The participants described both physical and emotional isolation. Maggie narrated how this was significant in her decision to seek help,

I obviously, my association with the community wasn't that open, it was limited, and I never had the chance of going out to see friends. I was always in the house so it was more like a secret place... not accessing the outside world and that was breaking me and I needed to get out of that nightmare (line 47-51).

Some of the participants were feeling stressed and overwhelmed and wanted to talk with someone about all the difficulties in their lives. This was articulated by Shasha; 'I was stuck I felt like I was a prisoner in my mind and the situation was getting worse (line 430). Several participants demonstrated that they were isolated both physically and emotionally. They described feeling isolated from friends and family, and indicated that this denied them the general support. The participants indicated that this later acted as a motivation to seek help in a desire to liberate themselves from such control and isolation.

4.4 Overcoming fear and building trust

Overcoming fear and building trust was another superordinate theme that revealed women's clear sense of being in transition, both literally in counselling and emotionally beginning to transition out of the domestic abuse situation. This theme contained a range of fears relating to vulnerability, humiliation, shame, as well as fears of being judged. Prior to accessing counselling, most of the participants either knew nothing or very little about counselling services. Therefore, they had either little expectations of the service, or were unclear about the process and what may occur. They spoke about the impact of this on the early counselling relationship and themselves. They expressed feeling anxious as to how or whether their situation was going to be changed by the process of counselling. It seems the unpredictability of what kind of changes might take place in their psyche during the process

felt terrifying. Vulnerability and lack of knowledge of how the therapeutic process would affect them were all the major concerns in the early phase of the therapeutic relationship.

However, most participants had a vague feeling that counselling would be helpful in some way. Most participants were referred to counselling by their General Practitioners (GPs). In some instances, the GP made the initial appointment on their behalf. In other cases, someone within their circle of friends was instrumental in suggesting counselling, as a means of dealing with the situation. This superordinate theme is made up of two subthemes: 'Going into the unknown' and 'building trust together'. From the women's narratives, it was found that, to talk intimately about themselves, the women needed to feel engaged in a secure, caring and trusting relationship, combined with acceptance and respect, without disapproval or criticism. It could be hypothesized that this caring environment facilitated participants to overcome their fears and risk self-exposure and vulnerability.

4.4.1 Going into the unknown

The participants' accounts describe starting from a much more sceptical position; not understanding counselling, or being mistrustful of it and consequently being fearful to open up. Shame, guilt and humiliation were commonly expressed by women at the start of the counselling relationship because they disclosed personal experiences of abuse. Linda described how uncertainty created a state of fear and confusion. She said, 'I was nervous and confused because this was my first time when I ever talked about what happened to me... it was daunting not knowing the person you are disclosing to, if they can be trusted' (line 148-152). She further describes her fears as 'Sometimes you feel embarrassed, afraid and humiliated, maybe I think I am going to be criticised for saying these things that the man used to do to me' (line 246-248). This was further narrated by Julie, 'In the beginning I was real scared and terrified. I was thinking I was revealing myself like you just, I mean,

telling everything and it's kind of embarrassing' (line 230-232). The use of the term '*revealing myself*' by Julie can be argued to be a reflection on Julie's habit of silence and consequent difficulty in speaking about these issues. This can be seen in this extract when she uses the word '*embarrassing*', revealing some issues which she had found hard to talk about. For most participants, this uncertainty created a sense of fear regarding self-exposure and vulnerability. Michelle described:

So I was like "I don't have the courage, the fear of bringing all those things" some I managed to suppress for many years but they were kind of painful and bubbling inside of me and I was like "this will kill me and break me emotionally and physically". I was like "I can't do this, how can I face this", I had a lot of fear and I was like "how can I talk about this" with I was full of shame and fear and the journey to face this was real terrifying and I didn't know what was going to happen (line 282-290).

Similarly, Maggie felt vulnerable and feared sharing too much of herself in the process. She stated:

The fact that I didn't want to remember certain things, especially about this whole situation, of abusing me, be it verbally, be it physically and the mere fact that I didn't want to remember anything like that, talking about it was like relieving the abuse, and I was anxious opening up to somebody I didn't know (line 237-242).

The participants' narratives also seem to suggest that they had learned to keep their feelings regarding abuse hidden and therefore to discuss emotions with another challenged their cultural upbringing. The participants feared betraying their family and friends. They voiced fears of feeling shamed, due to exposure should the family find out. Particularly, Natalia described her experience as, 'It was real hard for me to say out anything about

myself and my family, and I don't like to talk badly about my family, my husband, like it was terrifying for me. I felt unsecure it was hard' (line 104-105).

The participants' narratives also seem to suggest that they spent years of emotional suppression which seems to suggest self-alienation. Consequently, these participants held fears of discovery and disloyalty which were apparent in their discomfort in the early phase of counselling. These were apparent in their reluctance to talk about their family relationships in counselling. Julie stated, 'I was nervous I didn't want to talk about my family problems, I was just walking around, I didn't want to talk about them, I didn't want to go there...' (line 121).

However, most participants found their fears abated after a few sessions. A number of participants commented on how they gradually accepted the possible benefits of counselling and it appears that their counsellors contributed significantly to this development. The women shared what helped them in the beginning phase of developing the therapy relationship with their counsellor. Most participants felt a strong, warm connection with their counsellor that developed early with in the therapeutic relationship. This seems to suggest that this sense of warmth, love, acceptance and respect described by participants was helpful in providing safety and support which consequently facilitated exploration, disclosure and emotional expression. These women disclosed personal experiences of abuse and felt that their counsellors were non-judgemental. Natalia said: 'She tried to make me feel comfortable..., by telling me that what I was to say is confidential and safe, she made me trust her she was there for me, she showed me love and respect and to me this was new in a long time' (line 116-125). She further explained the following of her counsellor, 'She made me be myself she believed in me, she didn't blame me she listened, and I felt like a person for the first time in many years' (line 164-166).

For some participants the fear and uncertainty of the early relationship was eased by the availability and willingness of the counsellor to listen. For Michelle this was vital in the early phase of her sessions. She said,

At first I was real scared of sharing my problems I was like “how, why me”? Then I am like, I am really lucky to be here, I am really blessed to be here because someone is willing to listen to me for me that was very, it meant a lot to me. Yeah I felt that kind of love (line 115-119).

The participant’s narratives suggested that these women experienced a feeling of comfort, security, acceptance and respect as being important in overcoming their fears, which consequently, facilitated the relationship to shift to another level.

4.4.2 Building trust together.

This subtheme describes a sense of an evolving two-way trust between participants and their therapists. Trust developed from counsellors demonstrating constancy, reliability, acceptance, respect, confidentiality, non-dominance, strength, honesty, and transparency through self-disclosure. There is a range in emphasis between accounts, but overall there is a sense from participants of a more equal human-to-human, collaborative partnership developing. For most participants, trust was crucial as it had been missing in their lives, considering the sense of betrayal experienced in the domestic abuse relations. Julie narrated:

It was building trust like for me and her (therapist), she kind of trusted me, and I had trust issues, I couldn’t trust my partner, or anyone easily even if I wanted to trust someone it was difficult, but it like kind of worked both ways believing in me and, I felt she trusted me straight way and then I trust her (line 291-294).

Julie visualised this trusting process as a reassuring connection in which both herself and her counsellor were active participants. She perceived her counsellor as a wise guide accompanying her on her journey. Linda demonstrated that it took her time to trust her counsellor: 'it was a process; we took steps, baby steps for me to develop that trust with her' (line 165-166). Linda's account illustrated a process of undergoing a gradual process, working through piece by piece to develop trust. In a similar way, trust in the counselling relationship seemed to have motivated Shasha to open up. She stated,

In the beginning I was all over the place, she probably watched me running around, not wanting to say anything. I was, I mean closed up the door, I mean I didn't see any sense in opening up ... but she gave me time, she just let me be and later she took my hand and walked somewhere with me, if that makes sense (line 344-347).

Additionally, Maggie experienced her relationship with her counsellor as respectful, she felt 'connected' with her counsellor who demonstrated reliability, confidentiality, mutual respect and honesty. She said: 'my counsellor was very professional, she gave me time to process what I wanted to say, she would not hurt me ... or pull me where I didn't want to go she was patient with me, she was always there' (line 281-282). She further stated that she discovered early in the relationship that the counsellor was a person she trusted and depended on. She explained:

I didn't have any idea about the counsellor. I didn't know her I was very scared when I entered the counselling room the first time but she was very relaxed and tried to make me feel comfortable (laughs) I could not look at her in the eyes... it was strange while I was in panic and sweating she was relaxed (line 302-304).

Importantly, for some of the participants the small self-disclosures from the counsellor were reassuring, welcoming and equalising, making the therapist 'real' more

human and not an 'expert'. This evolving rapport enabled the participants to open-up deeper. The participants' narratives may have indicated that their counsellors were not only professional but also personable while giving them emotional support. They believed that such emotional support and personal connection was necessary in building trust. Michelle stated;

She opened up for me a little bit, I believe she trusted me to do that... if she wouldn't have done it looking back I think, I wouldn't have talked about everything at all, I wouldn't have done it, it made realise that this can happen to anyone...I somehow stopped blaming myself for everything (line 226-229).

Natalia found trust difficult in the early phase of her counselling sessions. Initially, she felt she didn't get the reassurance and advice that she wanted. She felt increasingly frustrated and overwhelmed with her counselling. She expressed that she felt she had to learn to 'interact', she was cautious to avoid doing 'something wrong'. She believed that in the beginning she felt the power imbalance in the therapy relationship. However, in the course of therapy, she realised that they were equal and could walk side-by-side:

with my counsellor, from the start ... yeah it was like she was a person in authority, like make no mistake, I was silent, it felt like she was waiting for me to say something wrong, I even thought of not going back, I was real very frustrated, but she was always there, she allowed me to shut the door when I wanted to... in like a few sessions something happened, I can't describe it, it was different and I knew she could walk me through the darkness I was in (line 231-235).

Natalia's account seems to suggest that she felt empowered by her counsellor's trust, which allowed her to explore her difficulties more openly.

4.5 Journeying together

All participants conceptualised their counselling as a developing, caring relationship and a journey undertaken together, hand-in-hand with the counsellor which facilitated personal discovery and development. For most participants, counselling may have been a comforting and beneficial experience. Participants', narratives suggest that they were able to open up to the counsellor, felt unburdened, and talked more about aspects of their lives that they had been unable to express to close friends and family.

Whilst all the processes from the previous subordinate theme were still operating interactively for most of the participants, the relationships with their counsellors seem to shift into a different phase. In this superordinate theme, there was now a felt sense of working collaboratively, to achieve specific aims. In turn, this process seemed to enable participants to feel more heard, understood, safe and cared for by their counsellors, as explored further in the following subtheme.

4.5.1 Feeling heard and understood

Reference was most frequently made to the therapeutic value of simply talking to someone about their experiences. Julie said,

I had never done this you know... but when I talked to my counsellor she was real good. She made it easy for me and the fact that it was private, and when she assures you and the communication between you two and she is like listening I mean I felt like I wanted to go to her everyday (line 202-205).

Trust in the confidential nature of counselling seems to have encouraged Julie to talk more freely. All participants' revealed that, being listened to and reassured was instrumental in the counselling process. Maggie stated:

The fact that my counsellor was a good listener ,and happy to listen to what I was always saying, and the reassurance, the encouragement that you know you could be... you are not alone you're going to get the help. We are here for you that constant encouragement it was really helpful (line 211-218).

Maggie felt cared-for by an empathetic and caring therapist. She felt reassured to find that she was not patronised but taken seriously and held in mind.

Julie stated:

My counsellor was real good, she even referred me to organisation X that helped me with my immigration case. She was very understanding, she didn't only offer me emotional support but she even looked at my other difficulties. I was afraid to tell her of my immigration case at first, I looked at her differently... but when I told her she was very helpful she called X organisation, and they helped sort out my case (line 147-152).

The extract above seem to demonstrate how validation from Julie's counsellor made her feel safe, and this led to expression of her difficulties. It can be argued that her account revealed a combination of emotional and practical support. This seemed to have been empowering for Julie who felt threatened by her immigration difficulties. She further stated that the availability of her counsellor was essential in enhancing her trust. 'She listened and I felt she understands what I was going through, I believed she was the person who could take me around, she was there for me' (line 220-221). Furthermore, most participants expressed satisfaction with their counsellor, seeing them as caring, professional and able to listen and fully understand their problems. Michelle stated,

At first it was real difficult to take on because it was my first time and I thought I didn't have that self-confidence and right ... and realising someone was there to listen to my situation and pain made me feel comfortable (line 245-248).

The counsellors seem to have been empathic, available and willing to listen which facilitated trust in the counselling relationship. Shasha stated, 'the counsellor was real helpful... I needed to talk to someone, to tell somebody who didn't know me about my ordeal she understood me and I could tell her everything' (line 231-233). However, I wondered whether the participants tended to shy away from making negative comments about or mentioning unhelpful processes in counselling. Even so, participants confirmed in the debriefing process that they were comfortable with what they had shared during the interview and agreed for it to be part of the data. For example, Natalia had mixed sentiments about the counsellor that she saw. There were aspects where she commented and appreciated the efforts made by the counsellor but also added feelings of discomfort. She disclosed:

I didn't feel comfortable sometimes, I mean I am not being ungrateful, she was real helpful but sometimes I don't want to talk about something, and I don't know it was difficult I mean I didn't like it but she would ask, she was great (line 170-173).

This seems to suggest that there is a reconciliation of the positive and negative aspects of her experience with positive or neutral sentiments that assuaged the impact of the negative experiences.

4.5.2 Feeling safe and cared for

This subtheme illustrated the dynamic emotional processes that evolved between client and therapist, and that for optimal outcome the above processes needed to continue to

operate between therapist and client throughout therapy. All participants' revealed that, a feeling of safety, trust and being cared for were necessary components that enabled them to relax, overcome fears, and talk intimately about themselves and their difficulties.

Importantly, there are many indications that, once participants felt safe with their counsellor, a deeper therapeutic relationship evolved. Although this subtheme interlinks and overlaps with feeling heard and understood, and overcoming fear and building trust, they appeared to be experienced by participants as different processes. Feelings suffused with warmth, being held and attended to falls within the superordinate theme 'overcoming fear and building trust' where there is an element of love, acceptance and respect suggesting that the client is an active receiver. Whilst in feeling safe and cared for a more dynamic relationship of shared activity is described. Ultimately, when clients experienced trust, felt heard and understood, safe and cared for and deeply connected to their counsellor, this gave them the security to open up.

Participants found that the creation of a safe relationship with the counsellor enabled them to communicate openly about their experiences of abuse. For participants, being honest and open with their counsellor, allowed them to feel heard, listened to and most importantly feel safe. Safety within the relationship was established through different factors. Julie narrated feeling secure and said, 'I wasn't afraid to express myself, I was allowed to express myself.' She also felt connected and cared-for when her therapist passed her tissues when she cried: 'it's nice sometimes when someone cares, I was out of myself I was crying, she was there with me, she was very kind' (line 231-232).

Julie's narrative may suggest that her counsellor was someone who could be relied on. It can also be argued that finding one professional with whom these women could be open and honest was crucial in enabling them to feel, heard, listened to and most

importantly safe. Receiving love and validation from their counsellors and feeling safe enabled these women to express their normally hidden authentic selves. Particularly, Shasha recounted:

My counsellor was always happy and smiling and willing to talk to me, she made me feel very comfortable and relaxed and I was always looking forward to my next session with her in her office, and everything was just private you know it felt safe (line 289-292).

Shasha's account revealed a happy, well-attended, warm, safe and transparent environment. She felt secure that, the counsellor was available for her. Shasha also seem to indicate that she appreciated the opportunity of coming to talk to someone in confidential way, where it felt safe. On the other hand, For Michelle described her experience of being listened to and understood, rather than being judged. She felt appreciative of her counsellor's attentive listening, insightful reflecting and understanding:

I felt good, she (counsellor) was very good "the level of attention she paid to me "she would say things... at times she would ask me questions which gave me some awareness of my situation, she made me realise that she attended carefully to me she would always find something to remind me about myself, and I would appreciate myself, yeah, something positive (line 312-315).

Michelle's account revealed that she felt safe and comfortable in the presence of an understanding person (counsellor) who allowed her to reflect and express her feelings.

4.6 Recognising a "new me"

This superordinate theme encapsulates how therapy seems to have facilitated all participants to think differently about themselves, others and their lives. Most participants

felt that making the decision to have counselling was the first step in taking control of the domestic abuse problem. The different perspectives offered and the reflective questions asked by their counsellors helped participants find new meaning and emotional links that enhanced self-understanding and strengthened self-belief. All participants expressed overwhelming positive support from their counsellors. Most women commented on how they valued the emotional and practical support provided by their counsellors. Furthermore, the work that they did in counselling determined how the participant felt after therapy. Participants reported that counselling had a long-term helpful impact by building their self-esteem and giving them a greater sense of control over their lives. Irrespective of whether participants overcame their fears and doubts, each participant reported benefits in their well-being, with increased understanding and personal growth. The participants' descriptions led to the development of two subthemes as, developing a sense of self and liberating experience.

4.6.1 Developing a sense of self

This subtheme describes how most of the women reflected on their changing sense of self. This was linked to their sense of hope for a different future. It appeared as though, all the participants were able to reflect on themselves with a sense of pride. This allowed them to step into the role of 'me' which had previously been denied to them. Most participants recognised that personal growth was a never ending process. However, after their course of therapy, not only did their self-understanding improve through increased self-awareness and self-compassion but they generally felt calmer, more balanced, lighter and with strengthened self-belief.

The growing engagement with the counsellor and the process explored in the above subthemes appears to be an iterative process, developing alongside an emergent self-

awareness and an increasingly ability and willingness to express this. The participants demonstrated gaining personal and internal self-awareness which was helpful in recovering from the abusive relationships. This self-awareness seem to have been facilitated by ‘experiencing’ love, respect acceptance and trust in counselling, which allowed more space for their personality or ‘real self’ to come through. Feeling empowered after the session Julie described counselling as opening-up the ‘door’ to discover the rejected parts of herself that kept her stuck. She expressed:

She just let me talk and tell my story. I just felt more comfortable with her... she allowed me to be very vulnerable and that helped me to discover myself, the real me.

I was able to realise that I have some strength which I didn’t know (line 311-314).

Julie’s the words ‘*discover myself*’ and ‘*real me*’ is indicative of the process enabling self-awareness and self-expression. For Julie self-awareness is enabled by being allowed the ‘space’ to feel ‘comfortable’ and ‘vulnerable’. The benefit of this to Julie is that it allows her personality to come through. Her description creates an image of an overwhelming force which has in the past been so overpowering that Julie’s underlying personality have been crushed. In her last quote, it sounds like Julie is regaining power. She seems to indicate that she no longer has to endure the ‘abuse horror’, and this relates to her previous narratives of the value of being reassured and listened to by her counsellor.

In addition, Shasha came to counselling feeling depressed due to her domestic abuse issues and after a course of 32 sessions her self-perception altered, ‘I just feel so much happier, I think having counselling made me realise that I wasn’t a failure, that I had other qualities rather than just focusing on the abuse (line 380-382). Shasha’s experience demonstrated that by being given the space and empathic attention, she was able to experience her emotions and reach a deeper understanding about herself. For these women,

as self-understanding was developing, they were able to reflect between sessions, noticing patterns, making links and recognising that they had different choices. Michelle said,

I think I'm finding out a bit more about how, you know , how to do things what kind of style is really good for me and for my children, and I don't have to do all this stuff that the man is asking me to do. I can do things in a different way (line 270-273).

Furthermore, new perspectives offered by the counsellor stimulated Maggie's thinking 'there were real good moments when she asked me questions, and talked about things in a different way from how I talked about them this helped me inside and around me, which was very insightful' (line 296-298). On the other hand, Linda regained her confidence, 'she helped me build my confidence back. She helped me learn how to be a mother to my children...we worked on different perspectives which helped me grow as a person' (line 185-195).

Developing a sense of self seems to have boosted the participants' belief in themselves. The participants described believing in themselves and their ability to survive the abusive relationship. Women's narratives reflected a sense of self-efficacy: Maggie said, 'She (counsellor) made me realise that I have value, that I can do things for myself that I can do something for the people who depend on me especially my children' (line 368-370).

Counselling increased these women's self-esteem and self-belief to come to terms with their current life, and moreover, gave them choices. Additionally, over the course of counselling, participants described feeling increased energy and self-confidence. Participants talked about the importance of working on self-esteem, focusing on strengths, and working with them to be more realistic about their situation. The women expressed

trust in themselves and their internal resources that allowed them to take risks in the future.

Michelle stated:

She gave me positivity that made me focus, and the more sessions I attended the more I became more confident and started seeing life in a different way, seeing that life exists my counsellor used to make me feel like a person, like I was a person (line 141-146).

This allowed them to think differently about themselves, and the choices they had. Linda stated, 'It gave me another side of life, that life can be good. Before I had given up on life. I felt like I was useless. I didn't matter, but the counselling made me matter because it was case' (line 213-215).

The above extract seems to demonstrate how Linda's counsellor helped her to discover the hidden parts of herself. Her counsellor may have helped her to acknowledge and value herself. She softly emphasised how her counsellor had rescued her from a dark, chaotic mess towards a more positive future.

In this subtheme, women's experiences of their changing sense of self are described with a better understanding and a depth of knowledge about themselves. These women's narratives also indicate a hopeful element; it evokes the possibility of moving forward; that progress of some type is not wishful thinking. Through a more active and involved approach and gradual build-up of therapeutic trust, these women narratives seemed to have transformed from the first superordinate theme: being hopeless and powerless, to hopeful.

4.6.2 Feeling liberated

This subtheme describes the participants' reflections on the changes they had made through counselling. This reflects a sense of hope for a different future, which was a liberating experience, as they were finally able to talk about their abuse, which left them

feeling free and relieved. This facilitated more possibilities; of regaining control and responsibility for their lives. These women expressed more concrete goals which suggested a nascent belief in themselves and their ability to effect change.

The participants clearly appreciated the time and space to explore personal issues regarding abuse and the opportunity given to fully express how they felt. Shasha exclaimed:

I feel free, I feel free, I feel free, I feel so free my emotions are in check, I feel like I can help other I felt like the world was endless, like I could do so much, I could learn how to love again, learn how to be out of fear, learn to trust in people not everybody is bad learn how to talk to people trust myself (line 273-276).

Shasha's account seems to suggest that her integration felt liberating bringing 'freedom', joy and happiness. It seems that through increased self-understanding she gained insight and contentment. This was further articulated by Linda,

I felt like I can do anything at this point now that I am out of this relationship I am myself, I can make my own decisions for the first time I can raise my children the way I want without his input. This is how I felt after receiving counselling (line 199-204).

Linda's description seems to suggest that with the sense of self belief, she was able to look at different choices: 'I felt like I can do anything at this point ... I am myself, I can make my own decisions, I can live independently, I can raise my children without his input' (line 200-203). Maggie, also able to explore her feelings in counselling and consequently she felt relieved. She narrated:

Counselling helped me to be independent , it helped me to think for myself, it made me realise that I had more to offer to my children and that the abuser doesn't define

me. I had to take control of my own life, I had to be in charge of my life I have to know this is what I want, this is what I will do, I will do what is best for my kids, and it gives you the strength (line 342-346).

In like manner, Natalia gained understanding and self-acceptance. She expressed that her sense of humour returned. She stated, ‘that actually I am worth, I am a good person, I am of worth not to look down on myself’ (line, 172)

Overall, this subtheme provides a growing sense that these women are reporting a sense of hope. The participants’ narratives also seem to suggest an element of regaining power through the value of having an equal relationship with the counsellor. There is almost a sense and expression of where these women want to be, or aiming to be. Their desire to move away from the storm of abuse where they have been for ‘too long’ is explicit. Their accounts in this subtheme also contribute towards the impression that these women are better able to examine and express their experiences. This creates a positive contrast with the confusion and despair that these women seemed to report feeling initially, as explored in the first superordinate theme and in the early phase of counselling.

4.7 Summary

Overall, the themes above reflected African immigrant women’s experiences of counselling and support services. These themes explored the women’s sense felt before accessing help and, their struggle to adapt to the counselling as this raised ambivalent feelings. Interestingly, in their effort to seek help, these women seemed to have been ‘imprisoned’ by their own culture and unsettled immigration status, which affected their decision to disclose the abuse. These women’s accounts regarding unsettled immigration status presented a state of helplessness and powerlessness. They were faced with ‘no choice’ but to stay with their abusive partners, whom they depended on for ‘permanent settlement’

in the UK. This placed these women in a vulnerable position, and their perpetrators seemed to have been more empowered with their permanent status.

The women described uncertainty in relation to what was expected of them in counselling and, the consequences of this in relation to their cultural norms and values. They described a sense of shame and embarrassment in relation to seeking help/ counselling. These feelings are also described in relation to the cultural attitude of the family. Furthermore, to overcome their obstacles, the women explored their own internal and external fears, along with a move towards greater acceptance and engagement and the role of the counsellor in achieving this. The benefits of counselling were identified through a greater depth of knowledge and insight acquired about themselves, and their situation. The use of therapeutic skills and increasing ability to express themselves was vital in acquiring a sense of self. Finally, the value of being understood by other people and given their normative experiences as African women is explored in the context of a safe, caring and trusting therapeutic environment.

Chapter Five: Discussion

5.1 Introduction

The purpose of this study was to analyse the detailed descriptions of the experiences of counselling and support services from six African immigrant women survivors of domestic abuse in the United Kingdom. Using Interpretative Phenomenological Analysis the following questions were addressed. ‘*What are African immigrant women’s lived experiences of engaging with counselling and support services for domestic abuse in the UK?*’ and ‘*How do African immigrant women make sense of these experiences?*’ Seeing that this is the first exploratory study of this kind, such research helps counselling psychologists understand how women perceive their experiences of counselling and support services, and influence the conceptualisation of help seeking approaches from a specific population, that is African immigrant women who have experienced domestic abuse.

As mentioned earlier in the literature review, there is paucity of research focusing specifically on immigrant women survivors of domestic abuse and their experiences of counselling and support services. The above analysis attempted to contribute towards this empirical gap by highlighting the ways these women survivors of domestic abuse make sense of their experiences of counselling and support services in the UK. It is important to note that the accounts of participants in this study do not necessarily speak for all African immigrant women survivors of domestic abuse in the UK. They do, however, provide a rich and meaningful insight into these women’s experiences of counselling and support services in the UK. Given that domestic abuse is a global social concern with negative consequences for physical and psychological health, this is a timely research which helps to advance our understanding of domestic abuse among ethnic minority immigrant women specifically in the UK.

5.2 Key findings

The five superordinate themes that emerged from the participants narrated experiences- *'Barriers to seeking help, Breaking point to seeking help, Overcoming fear and building trust, Journeying together and Recognising a new me'* outlined the complex and intricate nature of the ways these women made sense of their experiences of counselling and support services. The analysis provides a picture of their experiences of counselling and support services, with a much wider scope than simply what happens in counselling. It illuminates the experience of accessing counselling and support services from a more longitudinal perspective, creating a picture of how this experience begins before seeking help. For these women, this process seems linked to their cultural upbringing, which appears to have been a factor in triggering the onset of the abuse and ultimately led to their hesitation to seek help. The central finding of this study is that these women experience a process which provides important insights on what occurs before help is sought, as well as their experiences of help once counselling is being received. For these women, their experience of counselling and support services is heavily influenced by cultural factors, uncertain immigration status and pressures of societal norms which act as barriers to help-seeking processes.

5.2.1 Cultural factors

The interpretations drawn from the participants' narratives showed that cultural beliefs and values regarding marriage and family trap many women in the relationship, even when they encountered domestic abuse. The data analysis revealed African women's traditional beliefs pertaining to family and marriage, and how this influence their actions and responses in handling social expectations and pressures when experiencing domestic abuse. Unique to this study is that even when the women in this study clearly perceived their husband's

abusive behaviours as wrong, a fear of being blamed, a need to remain loyal to the family, shame and stigma of leaving marriage hindered them from seeking help. For example Natalia explained how the fear of being blamed and held responsible for marital breakdown prevented her from seeking help.

Natalia's experience of traditional and cultural beliefs is mirrored by Michelle's, who faced a similar dilemma, as her cultural values also impinged on her views of marriage. Levy (2008) notes that, an important aspect by which culture exerts influence is the worldview to which a person subscribes, whether individualistic or collectivist, as both have different core values. Collectivism considers the needs of the family and community to be more important than the needs of the individual. Previous research has found that in face of conflict, collectivists tend to use collaborative strategies to maintain relationships even at risk of personal costs (Ohbuchi *et al.*, 1999). This notion is also prevalent in this study. For example, Julie stated that 'they tell us that you have to always be with the man' (line 222). Julie's life was in danger characterised by physical, emotional and sexual abuse. Yet, despite feeling unsafe, Julie reported the value of culture and traditional norms that kept her trapped in this abusive relationship for six years without seeking help.

According to Levy (2008), collectivist cultures place emphasis on obedience within the group, and those who deviate from such prescribed role behaviour may be faced with strong negative social consequences, such as shame. Maggie shared 'I had to stand the torture, the abuse and beatings because when you leave people will laugh at you' (line 189). Therefore, this sends the notion that a woman may not only feel like she is betraying her husband, if she discloses partner abuse, but she is also shaming her family. Moreover, if domestic violence is disclosed, or if the woman seeks help, she will be blamed for the breakup of the family. In order to preserve family dignity, respect and honour the findings from this study suggest that women may refrain from speaking about the abuse.

The women in this study felt that they are expected and encouraged to maintain their marriage at all costs. Abraham (2004) states women are discouraged from revealing 'shameful' events that may tarnish the family's reputation and honour within the community and they often remain silent about issues, such as domestic abuse to preserve the family honour and men's reputation in society. Previous studies have also observed that maintaining family honour, as well as the notion of shame, were the presiding factors causing many abused women to keep silent, and to make every effort to make the relationship work (Abraham, 2000a; Ayyub, 2000; Gill, 2004; Mehotra, 1999; Midlarsky et al., 2006; Raj and Silverman, 2000a; Thiara & Gill, 2012). The concept of shame and the responsibility placed on women of maintaining the family honour are often used as forms of control to keep women from seeking help (Gill, 2004). Therefore, the values, attitudes and beliefs including the importance of the family and the expected role of the wife, make it difficult for women to disclose the abuse to others and seek help.

It can be argued that the role expectations within the family form the foundation of the various struggles and pressures experienced by the women in their effort to seek help, as they are expected to preserve traditional values and norms. This information supports and extends our knowledge of African culture regarding marriage. In African culture marriage is regarded as an ideal, a duty and a social responsibility that the wife is expected to maintain and nurture. Even if abused, women from this study reported that they had to 'try to make the marriage work'. In order to preserve family dignity, respect and honour, the findings of this study suggest that women may refrain from speaking out about the abuse and seeking help.

5.2.2 *Immigration status*

Findings of this study not only suggest how cultural norms prevent these women from seeking help, but it also suggests that women's immigration status, plays a vital role in the process of accessing counselling and support services for domestic abuse. This study highlights the impact of uncertain immigration status and how it impacts women facing domestic abuse. Most participants spoke about the complex, challenging and uncomfortable anxiety and tensions associated with their unsettled migration status. Their narratives indicate that women who are undocumented are more vulnerable to abuse.

The findings of this study also indicated that lack of legal migration status resulted in dependency on abusive husbands and affected the women's decisions-making regarding seeking help. The pressure of an uncertain immigration status seemed to have hindered many women from seeking help and taking action against their abusive partners for fear of deportation. Although comparisons can be made with the experience of other non-African immigrant women, the African immigrant women experienced additional pressures alongside this. In many cases, the participants in this study reported that men used their uncertain migration status to threaten them with deportation. For example, Maggie stated that 'He threatened me every day and reminded me I was illegal' (line 24). The participants maintained that their perpetrators took advantage of their unsettled status and used threats of deportation to blackmail them from reporting the abuses, or from leaving the abusive relationship. Their accounts revealed that threats of deportation are not only prevalent but also powerful. These threats seem to leave many women more susceptible to abuse as the perpetrators are all too aware of how women may be left entirely destitute, and at risk of being deported back to their country of origin if they leave the relationship.

Surprisingly, the exploitative immigration tactics employed by perpetrators against immigrant women, accompanying threats of deportation and the lack of rights and opportunities for these women to resolve their immigration difficulties, seem to create a particular and specific type of abuse towards immigrant women as revealed by women's accounts in this study. Dutton and colleagues (2000) explain that immigration status may act as a significant barrier to help-seeking, as migrant women are often unaware of their rights, and fear deportation. This often means that the abuse that these women experience remains under the radar for fear of repercussions of having unsettled immigration status. This leads to many migrant women essentially becoming trapped and seeking protection from their perpetrators. Julie stated; 'He was abusing me and yet I looked at him as my saviour' (line 45). This seems to highlight the devastating level of vulnerability and helplessness these women are faced with due to their unsettled migration status. It is disheartening that women are enduring severe levels of violence, and are essentially being further trapped by their immigration status.

The perpetrators also stopped women from attending English classes, or socialising with other people further disempowering them and hindering their ability to navigate the UK system. Many migrant women with unsettled status are socially isolated and entirely dependent on the perpetrator for information relating to their immigration status (Bhandari Preisser, 1999; Crenshaw, 1991a; Creazzo et al; 2011; Sokoloff & Dupont, 2005). These women are isolated by visa restrictions and vulnerable to being controlled by their perpetrators. The husband could use her immigration status as tool of manipulation and abuse (Erez, et al., 2009; Panchanadeswaran, 2009; Sullivan et al., 2005). It could be hypothesized that the perpetrators wanted to confine their wives at home and restrict their social lives to prevent them from obtaining information and resources.

This research has extensive knowledge on ‘undocumented immigrant women’ broadening understanding of the relationship between immigration status and partner ‘control and manipulation’. Raj and Silverman (2002) explain that immigration abuse is where the perpetrators may exploit the woman’s unsettled migration status to maintain power and control over her. The perpetrator may have a settled/higher migration status than the woman and use this to abuse her more, forming what Burman and Chantler refer to as ‘...a powerful weapon to the perpetrator’s arsenal of tactics of abuse’ (2005, p. 65).

5.2.3 Lack of knowledge of resources

Consistent with the existing literature (Kim & Sung, 2000; Lee, 2000; Raj & Silverman, 2002), this study demonstrated that lack of knowledge of the available resources also prevented African women from seeking help. The women in this study suggested that a lack of understanding of the UK service system and trying to explain how these systems work is quite difficult. Findings from this study also indicated that a lack of awareness of the available services was exacerbated by difficulties or concerns communication in English. O’Mahony and colleagues (2007) note that language barriers prevent most ethnic and minority women from gaining insight into the variety of services provided to them. According to Arthur (2000), African women immigrants face challenges which include language and communication barriers. Some of the participants in this study relied on children, relatives and husbands, including the abusive ones, to provide language interpretation. For example Michelle stated that ‘I knew nothing would happen if I call the police, he was the interpreter’ (line 244).

The situation can be very traumatizing for the children and their mothers to levels where they are reluctant to seek help. In addition, women also revealed mistrust for interpreters from the same community who might report back to their perpetrators. As

Shasha stated ‘if someone maybe locally is the interpreter for you then everyone is going to know’ (line 202). Therefore, lack of confidence in one’s level of fluency in English on whether it will be sufficient to enable them to be understood and navigate some of the challenges they expect to face if they disclose and seek help can make the process even harder. A woman accessing domestic abuse services, police and legal system may require a range of practical and emotional support, advice, counselling and information. However, when language is a barrier it may be difficult for the helping professionals to provide information and support, and this may present a considerable barrier for women in their help-seeking process.

5.2.4 Reaching a breaking point

Surprisingly, although most of the women in this study reported fear and feelings of helplessness from time to time, they did not seem to fit Walker’s (1984) description of abused wives being passive and incapable of practical action. Indeed, some of the women in this study were active agents in soliciting advice and assistance to seeking help. All the participants in this study left the abusive relationships, and sought counselling, they described the decision to seeking help as being due to reaching a breaking point. The findings of this study suggest that, when the woman had decided she cannot tolerate the abuse, she may turn to informal strategies, such as talking to friends and family members. For example, Maggie reported talking to her mother, and later to a friend who advised her to seek professional help. The same friend was instrumental in calling the counselling agency on Maggie’s behalf. Most of the participants shared that their decision to seek formal help was motivated when they felt that the abuse was becoming more severe and more frequent and that they could no longer tolerate it. Short and colleagues (2000) report that, in their study African and White Americans in the US, most of the women described their decision

to leave an abusive relationship due to reaching a breaking point. For some women this breaking point may come first in form of a severe injury, and for others it was due to their increasing concern that their children were being affected by witnessing the violence or mimicking it, or being abused themselves.

5.2.5 Transformation with counselling

A prevalent idea to emerge from the analysis of these participants' accounts was the potential transformative nature of counselling. All participants spoke of the personal changes that occurred having had counselling. The participants described feeling that the counsellors were supportive, caring and understanding of their needs. The findings of this study suggest that participants developed their confidence, enhanced insight about family relationships, gained support and became more self-aware. Participants' indicated that they viewed counselling positively, although for some they felt uncertainty in the beginning.

The study reveals that, prior to accessing counselling, most participants knew nothing or very little about the counselling services. This created confusion and uncertainty regarding what was expected of these women as clients in counselling. For example Linda stated 'I was nervous and confused', she was afraid and described the experience as '*daunting*'. This was mirrored by other participants who revealed that they started to engage in counselling sessions with uncomfortable feelings, thoughts and emotions. Their accounts indicated that they started counselling without the intention that counselling would provide a positive experience or help them cope with their abusive situations and steps that need to be taken to resolve the issue. Interestingly, the women's accounts in this study demonstrated by engaging in counselling, this provided opportunities for them to view the impact of the experience on themselves. After engaging in the sessions the majority of the participants had meaningful experiences and believed that these experiences promoted

changes in their lives. Participants revealed that they were able to discuss and understand themselves and their relationships better as a result of their experiences.

The participants indicated that their willingness and ability to participate in their counselling sessions was related to personal characteristics of the counsellor. Their accounts revealed that it was characteristics such as warmth and friendliness, acceptance, respect, support and being trustworthy that enabled them to share their problems in the counselling sessions. Counsellors who listened without judgement and were respectful helped the women to feel comfortable. The findings also support the idea that has been discussed by Corey (2013) about the personal characteristics of an effective counsellor. Characteristics of warmth, friendliness, acceptance, respect, support and trustworthiness are significant components that encouraged the participants to develop a trusting relationship with the counsellor. It is also revealed in this research that the personal characteristics and skilfulness of the counsellor had an effect on all of the participants' willingness to participate in counselling sessions. This indicates Indicating that being able to experience a trusting relationship promotes changes and learning new experiences among the participants, as discussed in the results section.

In painting this picture, these findings could be understood as offering validation of some of counselling psychology's core values. Strawbridge and Woolfe (2010) identify three main areas which distinguish counselling psychology. Among them is a growing awareness of the role of the therapeutic relationship or helping relationship. The findings could be understood as an illustration of the extent to which individuals operate within a network of relationships; the five superordinate themes deal explicitly with these participant's perceptions of their relationships with other people and the role of the therapeutic relationship in promoting engagement in therapy. This conceptualisation means that counselling psychologists can continue to adopt a more relational, subjective approach

while valuing the experience of the participants, and not ignoring the meaning or value that culture has for them.

5.3 Summary of findings

Domestic abuse is not a new phenomenon, and affects the lives of women worldwide, regardless of race, culture or ethnicity. The findings of this study have suggested that women's experiences of domestic abuse, their perceptions of what constitutes domestic abuse in an intimate relationship, and how this influences their help-seeking practices are not linear, and various factors interplay. As observed from the interview of the women participants, cultural aspects are important to consider when examining the experiences of counselling and support services among African immigrant women. As discussed in the previous section, cultural beliefs influence women's perception, experiences and responses in the face of domestic abuse and seeking help.

Furthermore, there are immigration related issues and factors involved. It is vital to understand the nature of partner abuse within this population which is constrained by such contextual factors. From the findings of this study, it can be observed that women's narratives indicate the transformative nature of counselling. The women in this study entered counselling feeling uncertain and uncomfortable, without or with vague expectations. However, from their narratives it can be observed that these women experienced positive change of self as discussed in the previous section. The findings also suggest that the personal characteristics of an effective counsellor in particular warmth, friendliness, acceptance, respect, support and trustworthiness are significant components which encouraged the participants to trust in the relationship with the counsellor.

5.4 Conclusions

Although this study was conducted among six African immigrant women survivors of domestic abuse and the results are by no means conclusive or generalizable to the whole of the African immigrant women population in the UK, this exploratory study helps to provide some insight into experiences of domestic abuse and help-seeking processes for African immigrant women. As discussed further below, the findings of this study may be used to promote programs and intervention policies to address domestic abuse, taking into account the socio-cultural and structural factors of women experiencing domestic abuse and how this impacts their decision to seek help.

This research study makes a new contribution to the body of literature on domestic violence in general, and more specifically to the study of African immigrant women living in the UK. This study gives voice to African immigrant women who have lived through domestic abuse, and whose experiences of counselling and support services had not been explored in the UK. This is particularly important within this group where maintaining family honour has clearly kept many women silent. Moreover, by providing women with a safe space in which they can discuss their experiences of survival, despair and resilience, without presuming to predefine their experience, this research seeks to convey a respect for these women's experiences.

Furthermore, by providing a forum through which the women's voices can be heard, it is hoped that this research can help to pave the way for breaking the silence on domestic abuse. Despite the various cultural and structural barriers these women encounter, it is encouraging to know that women have begun to speak out and seek help for domestic abuse and by participating in this study and sharing their stories. Bringing out issues that are a collective social problem into the public arena and allowing for on-going discussions,

provides a greater possibility for the taboo and shame surrounding domestic abuse and seeking help can be drawn out and eliminated.

This study is just a beginning, and it is hoped that further in-depth studies will be conducted into issues related to domestic abuse among African immigrants in the UK where this subject remains understudied. In carrying out this study, it helps us to hear the women's narratives of their experiences of counselling and support services for domestic abuse, which will allow for a better understanding of the personal and cultural complexities that inform and shape women's experiences and decision making in the face of domestic abuse. It is essential to understand the experiences of counselling and support services from the lived experiences of women themselves. Until we can develop an understanding of the meaning of these experiences we cannot begin to develop an understanding of how to help or enhance services and intervention for the women. This study begins the process of uncovering these meanings through the women's subjective narratives of their experiences of counselling and support services.

5.5 Implications for counselling psychology and practice

This research posed a question about how these African immigrant women experience counselling and support services for domestic abuse in the UK, and overall, what the implications of these findings are for counselling psychologists in practice. Arguably, the results found relatively broad. Counselling psychology is a practice of ongoing research whereby therapists seek to explore client's lives, continually update the information they hold on clients and provide interventions based on their relationships with clients and theoretical knowledge.

Cooper (2010) posits that research is useful in enabling Counselling Psychologists and others in the field to develop a praxis by providing a structure through which we begin

to move away from rigid views of the therapeutic process. One of the possible implications of this suggestion is that the participants in this study appear to root their experiences of counselling within the wider context of the rest of their lives and their perception of others. This answer, however, could be seen to highlight something about the reality of counselling. It serves as a reminder that therapy is not experienced in isolation. It does not fit into neat boxes which can be compartmentalized and separated from the rest of the experience, and the rest of life.

Cooper (2010) expresses concern about how research talks in generalities about clients' experiences. Fundamentally, this research illustrates the foundation of what counselling psychologists will find helpful when working with this client group. The findings of this study have suggested that several factors are involved in women's experiences of counselling and support services for domestic abuse, such as their culture, traditional values and beliefs concerning marriage and family, which have an impact on their experiences of seeking help. These cultural beliefs and expectations that women absorb from their family and society contribute to their beliefs about relationships, self-worth and submissiveness which in turn, influence their help-seeking processes. Counselling psychologists may improve their therapeutic work with such clients, if they have an understanding of what each of these systems represent and how this client group make use of them regarding their response to domestic abuse.

Counselling Psychologists may also take proactive actions at several levels. This may include, fighting stigmatized prejudice about domestic abuse, supporting the rights of migrants, developing relationships and contacts with migrant communities, creating support and empowerment groups for migrants with domestic abuse problems, organizing information on available services, educating and conducting research activities and exchange of ideas among immigrant communities. This research shows that has it is

important to listen to this client group, connect with them at a human level and, create a safe environment for them. It also found that trust is important, and can be very helpful. The focus of these women on their negative experiences with others gives a message that the experience of receiving help is coloured by their experience of being let down by their perpetrators. This study shows that trust is paramount to the African women.

In relation to this, Rogers (1951) states that relationships with others help individuals understand themselves, which contributes to positive-self-esteem. Every individual needs positive attention and needs to be loved, liked, respected, admired and accepted by others, including family members. Additionally, this study suggests a need to be holistic in approach, that is, the client's life-from physical mental health parenting, finances and housing-can be affected by abuse (Bray, 2014). Therefore, there is a need to look at all areas of the person's life that have been influenced and help her work toward co-creating her life and build back a sense of self-worth (Bray, 2014).

Also, health care providers must routinely evaluate for domestic abuse within the context of screening patients' physical and mental health, since women will seek medical care for themselves and their children. Providers must also have referral information on hand to specific local agencies and shelters providing services to domestic abuse survivors, as well as being aware of their own personal feelings to be able to work professionally with culturally and diverse survivors. This might be helpful to GPs whom the findings of this study reveal as the major source of referral to counselling and support services.

Considering that, domestic abuse is often hidden and unrecognised, it is recommended that outreach and information be provided as a matter of course in venues where African women immigrants may congregate, such as in community churches, social halls, hair salons, and ethnic supermarkets, Radio stations newspapers and internet Web

sites. Women's narratives in this study recommend '*taking services to people*' to deal with the difficulty of lack of awareness.

Furthermore, while many of these experiences and factors may be influenced by women's belief systems, it is important for mental health professionals to assist these women in naming their oppressions. Previous studies have also highlighted the importance of enabling the women to name their issues, to have their voices heard, and to address their needs (Pyles & Postmus, 2004), and it is vital for mental health professionals to play a role in facilitating the process of voicing and naming the abuse (Bernard, 2002). Whilst working with ethnic minority women it is of upmost importance for helping professionals to understand that women have a multitude of needs which must be taken into consideration in order for women to be ready to make changes, and the women's own ability for self-determination should not be undermined.

5.6 Implications for policy

To avoid the continued perpetration of physical and emotional violence against women, the courts as well as other community agencies that are part of the formal system, need to recognise that immigrant women in domestic abuse situations have needs that differ from those of mainstream population. Rather than essentializing immigrant women's experiences, these need to be brought into mainstream discussions and policies. Thus, laws, definitions, and channels of information need to be adjusted to recognise the nature of domestic abuse among African immigrant women. The UK government should recognise and promote a nuanced understanding of domestic abuse, to include a specific acknowledgement of immigration related abuse. The women's narrative regarding holding unsettled status has shown how this can play out in dangerous ways, leaving many women trapped in abusive relationships and unaware that there is support available. Screening and

educating women on the definitions, risks, and types of abuse, as well as their rights both as individuals and as immigrants are imperative to combating women's lack of knowledge and fear. The findings of this study reveal that, women in this population group will remain marginalised until more is done to recognise and take account of them.

It is hoped that a campaign targeted at this group will also help break down some of the cultural barriers by reducing the stigma that women often feel in reporting domestic abuse. In recognition of the isolation that affects many domestic abuse victims as revealed in the women's narratives, there is need to ensure the availability of English language courses, and other groups that support immigrant women. Considering the life threatening consequences of isolation that many immigrant women face, it is recommended that the UK government continue to fund groups that support migrant women. Many women expressed how language was a barrier in accessing and being aware of the available services. Lack of information on service provision to support women who experience domestic abuse only compounds victim's levels of vulnerability. It is important that migrant women have access to English language course, although it is important to note that the abusive perpetrators may prevent such access. Concrete support in terms of housing, finances and employment opportunities are further necessary to maintain women's decisions for independence from abuse.

These policy recommendations have served to highlight the needs of those immigrants affected by domestic abuse. Some of the women who have unsettled status often remain invisible. This research study has drawn attention not only some of the women's narratives but also considered what measures should be put in place to provide further support to this population group.

5.7 Reflexivity and limitations.

Qualitative researchers must consider their own subjectivity and how this might influence the study findings (Unluer, 2012) to avoid biased conclusions about the studied subject. As a migrant myself I have a privileged understanding of the difficulty of finding ones' self in the UK. Whilst carrying out this research, I had to consider my position as a woman of African origin. My research is concern with exploring the experiences of African immigrant women survivors of domestic abuse with counselling and support services in the UK. As the researcher I was aware that I shared several commonalities with the participants. We shared a similar culture and history. We are classed as "identical" in terms of our group membership i.e. African immigrant women. As a qualitative researcher I am a human being with my own cultural, social background and beliefs. My own past and present experiences and the professional practices are likely to influence the research process (Unluer, 2012). Even so, it is more important for me to understand, as to how this would impact the research findings. Through critical reflexivity, I can be more transparent and credible to other researchers.

Hurd and McIntyre (1996) argue that sameness may distance the interviewer and the interviewee from reflexive research process and privileges one over another, and results in the researched narratives being misrepresented. However, I argue that the narratives should be understood within the context of which it has been set out by the research participant. That is to say, it is because I am an African immigrant woman that participants feel able to discuss with me their experiences of counselling and support services for domestic abuse. As an African immigrant woman, who was affected by domestic abuse as a child, I was able to gain insight and information into the everyday lived experience of other African immigrant women who are survivors of domestic abuse. After self-reflection, I feel that the similarities shared with the participants helped me to understand these women's experiences

even more. I am familiar with the devastating effect of unsettled migration status, financial, and social issues the women in this population group can struggle with when faced with abusive relationships. These allowed me to enhance my understanding of the participants' narratives. My underlying knowledge about domestic abuse and professional role added to my understanding of the participants' feelings.

However, this also presented some difficulties, and I queried whether I showed appropriate sensitivity to participants' responses and experiences based on the understanding of my own experiences and whether this was represented adequately in the analysis. Irrespective of all these factors, and from a counselling psychology perspective, acknowledging "sameness and otherness" enriches relationships and in this case the research relationship. To cater for these similarities and differences, as well as present exclusive narratives of the participants, I maintained hermeneutic alertness (Van Manen, 1997). That is, I diligently reflected on participants' narratives through each stage of the analytic process, aware of my own preconceptions and the women's conveyed meanings. Using the reflexive diary helped to minimize personal bias. Care was taken throughout the analysis process to ensure rigour within the study, in capturing participant's experiences and fostering a high level of interpretative engagement with their accounts, which is one of the key strengths of this research.

IPA is an idiographic approach which does not aim to seek definitive answers or develop theory, therefore, it was not an aim of this research to generalise the findings to all African immigrant women survivors of domestic abuse with experience of counselling and support services. However, the transferability of the findings should be borne in mind. IPA is an interrogative approach (Smith, 2004), which aims to broaden and develop the existing knowledge base, resonating with personal experiences and thus hopes to illuminate the broader context (Smith & Osborn, 2008). Hence, it is recognised that whilst other African

immigrant women survivors of domestic abuse may have similar experiences, the findings presented within this research provide holistic in-depth insights gained from listening to the women's voices and narratives therefore, the transferability of the findings must be considered within context (Smith & Osborn, 2003).

As a counselling psychologist in training, who has worked with victims and survivors of domestic abuse, and witnessed the positive effect counselling can have on individual's ability to cope with domestic abuse struggles, it is imperative that more African immigrants utilize counselling services. Counselling can be an extremely effective way through which they try to cope. The aim of this research is to increase an understanding and knowledge amongst African immigrant women, clinicians and professionals of the potential transformations that can occur as a result of counselling and working with survivors of domestic abuse. This study has given voice to the issues faced by African women immigrants and my hope is that service providers and mental health professionals will pay attention to the challenges that these women face to overcome the barriers to accessing counselling services by paying attention to the recommendations suggested above.

A challenge for this research was the recruitment of participants (although snowballing was considered to counteract this). These difficulties were encountered because domestic abuse is a sensitive topic, and African immigrant women who have accessed counselling and support services for domestic abuse are rare to find. Whilst, to some extent, this was anticipated due to the sensitive and complex nature of domestic abuse research, it does point to the need to raise awareness of domestic abuse issues such that it becomes part of health experience due to its likely devastating impact on human life allowing individuals to feel able to speak openly about their own experiences. Doing so may help individuals coming forward and talking about their experiences for research purposes and feel that their stories are valued and serve an important purpose.

In regards, to the sample size itself IPA warrants a purposive, smaller sample (Smith & Osborn, 2003). With this it would seem important to at least mention the small sample size for this research and highlight why this should be seen as strength. IPA challenges the traditional relationship between the number of participants and the value of the research (Reid et al., 2005). IPA's focus is on the detailed exploration of individual experiences and thus a detailed analysis of a small number of cases is preferable (Smith et al., 2009), as the exploration of a large data set may result in loss of meaning (Smith & Osborn, 2003). Padgett (2008) indicated that the use of detailed personal narratives makes the qualitative data more trustworthy and credible.

It is important to note that there are a number of criticisms of qualitative research and the methods used including issues with rigour, researcher bias and subjectivity (Silverman, 2000). However, a number of approaches were used to counteract such issues in this research including emphasis on quality control and reflexivity. As a novice IPA researcher, every effort was made to ensure quality by attempting to gain an in depth understanding of IPA through training, IPA workshops, reading and supervision. Peer review was also undertaken in order to ensure rigour, whereby the researcher's supervisors provided feedback throughout the analysis process, which also supported with validation of interpretations and ensured credibility of the final account (Brocki & Wearden, 2008). However, the themes in the analysis section have been selected on the grounds of their importance to the participants who took part in the research and their relevance to the research questions. Therefore, it is recognised that this is a subjective interpretation and that other researchers may have focused on other aspects of the participant's accounts.

5.8 Future research

Based on the findings of this study, coupled with the dearth of information about the issue of domestic abuse among African immigrant women in the UK, suggestions for future research are highlighted.

First, although no standardised mental health measures were utilised in this study, findings suggest that the mental health impact of abuse on these women needs further research. Findings from the interview data gathered from the participating women suggest that some of these women report experiencing symptoms of depression, post-traumatic stress disorder and having suicidal thoughts as a consequence of the abuse they suffer from their husbands. Since it was beyond the scope and focus of the present study, the impact of domestic abuse on their psychological health and well-being was not investigated. Findings from such studies can help provide a better understanding of the relationship between experiences of abuse and mental health and assist mental health and service providers to help identify urgent mental health needs among this community. Additionally, the findings can also be utilised to guide the development of culturally effective mental health intervention and services.

It is also recommended for future research to focus on the effectiveness of service provision provided by mainstream domestic abuse services and shelter homes, and the cultural competency of staff in serving the needs of ethnic minority women. Findings from such evaluation studies can help to provide a better understanding of the provision of appropriate services for ethnic minority women experiencing domestic abuse. Undertaking research in these future research directions can also help to provide more information for the base for the development of policies that might impact social change.

However, it is challenging to recruit African immigrant women to participate in research studies on domestic abuse. Universities and community-based organisations might need to collaborate with bicultural and bilingual community members to build trust and gain access to these populations. This can be accomplished through participatory action research that involves survivors and community members at every stage of the research process (Fisher, 2011; Sullivan et al., 2005).

The findings of this study seem to suggest that due to the cultural and contextual barriers to accessing counselling and support services, these women stayed in abusive relationships for a considerable number of years. Therefore, future research should explore the coping mechanisms used by immigrant African survivors of domestic abuse to develop an understanding of resilience in this population. After interventions, it is important to use longitudinal follow-ups to examine long term effects and explore factors that are associated with positive outcomes, regarding counselling and support services.

5.9 Closing thoughts

By exploring the experiences of African immigrant women survivors of domestic abuse in the UK, through IPA scope was given to explore rich accounts of their experiences. The current research shows some consistency with the broader extant literature exploring domestic abuse among minority women. Most importantly, the current study was able to highlight new areas of interest and provided further detail to that which is already known. The present study indicates that there is need to improve accessibility, profile, and engagement with services to overcome the barriers that inhibit these women from coming forward. For these women accessibility was heavily influenced by cultural factors, traditional beliefs and pressure of societal norms. This was further exacerbated by uncertain immigration status and lack of knowledge regarding the existence of services. Therefore,

this research highlights significant implications for support services, police, legal system and the community. Therefore, further research exploring the facets of this experiences brought into light is justified. Importantly, research should tell the reader something interesting, important or useful (Smith et al., 2009). Hopefully the present study has achieved this.

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Appendix A

Email sent to the managers of the relevant organisations for possible participant recruitment.

I am a counselling Psychology doctorate student at the University of Roehampton, undertaking research into African Women immigrant survivors of domestic abuse: Their experiences and perceptions of counselling and support services in the UK. As part of the research project I would like to interview African women about their experiences of counselling and support services for domestic abuse in the UK, focusing on their experiences with view of how helpful these services have been and how more helpful or how they can be improved.

Participation would involve an interview and debrief session lasting up to an hour, which would take place at the supporting organisation's premises. Interviews will be confidential within the confines of the research project, and every effort would be made to ensure participants remain anonymous in the write up of this research and in any subsequent publications or presentations. In the case that a disclosure of

risk to self or another is made, confidentiality would have to be breached in accordance with safeguarding protocols. The study has been reviewed by the University of Roehampton Ethics Committee Board and received full approval. Director of studies: Dr Mark Donati e-mail: mark.donati@roehampton.ac.uk, Head of Department: Dr Diane Bray e-mail: d.bray@roehampton.ac.uk

Should you express interest in this research, you will receive an information sheet explaining more about the research, and or I can meet with you to discuss how the organisation can be helpful in participant recruitment.

Thank you very much for taking time to read this email and I am looking forward to hearing from you if you wish to have me recruit participants from the organisation for this study.

My contact details are: 07852703714

Email: tukahebj@roehampton.ac.uk

Best wishes,

Jesca Tukahebwa.

Appendix B: Recruitment material

**AFRICAN IMMIGRANT WOMEN SURVIVORS OF DOMESTIC ABUSE:
EXPLORING EXPERIENCIES OF COUNSELLING AND SUPPORT
SERVICES IN THE UK.**

I am a counselling psychology doctorate student at the University of Roehampton, and am currently looking for volunteers to participate in a study I am carrying out on African immigrant women survivors' of domestic abuse experiences of counselling and support services in the UK.

The purpose of this research is to gain an insight into what counselling and support services are actually like for African immigrant women survivors of domestic abuse, focusing on their experiences of how helpful these services have been and how they might be improved.

To be eligible to participate in the research study you would need to:

- be an African woman who has emigrated to the UK
- have experienced domestic abuse, in the past and not currently

- have accessed counselling or support services for domestic abuse in the UK within the last two years
- speak English
- not currently be experiencing serious mental health difficulties such as psychosis, personality disorder, self-harm or suicidal feelings.
- not currently be engaged in counselling or psychological treatment.

Participating would involve being interviewed by me about your experiences of using counselling and support services for domestic abuse.

Interviews will take place (organization name) premises or at a time and place of your convenience. The whole process should last an hour. Interviews will be confidential, and your identity will be protected.

If you are interested in participating in this study or would like any more information about it, please feel free to get in touch with me on the email or number below.

Thank you.

Jesca Tukahebwa

Department of Psychology
Whitelands College
Holybourne Avenue
SW15 4JD
Telephone: Phone: 07852703714

Email: tukahebj@roehampton.ac.uk

Appendix C

Participant information sheet

AFRICAN IMMIGRANT WOMEN SURVIVORS OF DOMSTIC ABUSE: EXPLORING EXPERIENCES OF COUNSELLING AND SUPPORT SERVICES IN THE UK.

Thank you for taking time to read this information sheet.

I am a counselling psychology doctorate student at the University of Roehampton, carrying out research into African immigrant women survivors' of domestic abuse experiences of counselling and support services in the UK.

I would like to invite you to take part in my research project. I am looking to interview between 6-8 African immigrant women survivors of domestic abuse about their experiences of counselling and support services in the UK. I think it's important that African immigrant women survivors of domestic abuse have the chance to share their thoughts and feelings about their experiences of counselling and support services. This can help provide insight into what counselling and support services are actually like for African immigrant women survivors of domestic abuse, how helpful these services have been and how they might be improved.

Before you decide if you want to take part, it is important that you understand why this research is being done and what participating in it will involve. This is important

because it will help you decide if you want to take part. If you have any questions please feel free to contact me via the contact details provided below.

Why have I been asked to take part?

You have been asked to take part in this study because:

- you are an African woman who has emigrated to the UK
- you have experienced domestic abuse in the past.
- you have accessed counselling or support services for domestic abuse in the UK within the last two years
- you speak English
- you are not experiencing serious mental health difficulties such as psychosis, personality disorder, self-harm or suicidal feelings.
- you are not currently engaged in counselling or psychological treatment.

Do I have to take part?

No, it's completely up to you. Taking part in this research is voluntary, which means you don't have to take part if you don't want to. If you agree now you can still change your mind later.

What would I have to do?

If you decide to take part, I will contact you and arrange a time to meet with you to conduct an interview. I will ask you to sign a consent form agreeing to take part in the interview. After this I will ask you some questions about yourself and your experiences of counselling and support services in the UK. You can say as much or as little as you feel comfortable saying. The conversation will be voice recorded, so that the data you provide can be transcribed and findings analyzed. At the end, you

will have the chance to talk about what the interview was like for you, and to ask any questions you might have.

Where will this interview take place?

Interviews will be held at the (organization name) premises or at a time and place good for you, including your home. The whole process will take about an hour.

Consent

Before being interviewed you will be asked to give your consent to participate in the research. Giving your consent means that you fully understand what the study is about and what taking part involves for you. If you agree to be interviewed, you will be asked to sign a consent form before the interview starts and will be given a copy of this to keep for your own records.

What are the possible disadvantages or risks of taking part?

Participating in the study does not involve any significant risks. You will have to give up some of your time to take part, and during the interview you may have strong feelings towards the topic of domestic abuse. However, the purpose of this study is not to evoke your experiences of domestic abuse, but aimed at reflecting on your experiences of counselling and support services in the UK. If you feel uncomfortable or distressed at any point, you can choose not to answer a question, or to stop the interview. You will not need to give a reason for leaving the study and it wouldn't affect any future counselling you receive. If you would like any further support after the interview I will provide you with some contact information.

What are the possible benefits of taking part?

You may find it useful to think about what your experience of counselling and support services was like, and to talk about it with someone else. By taking part in this study you will also be helping to improve counselling and support services for African immigrant women survivors of domestic abuse.

Will anyone else know what I say?

What you tell me will be confidential, which means that it will not be passed onto anyone else (such as your former counsellor, organization, family or friends). All collection, storage and processing of data will comply with the principles of the Data Protection Act 1998, and has been approved under the procedures of the University of Roehampton Ethics Committee. All of the information provided will be stored securely and, where possible, anonymized. Under no circumstances will identifiable responses be provided to any third party. All data included in the publication or presentation of this research, and any subsequent research publications, will be fully anonymized to ensure that no individual is identifiable. Limits to confidentiality will apply in situations where research participants disclose information that they or someone else is at risk of harm. In such situations, it is the ethical obligation of the researcher to follow safeguarding procedures enforced by the service in which the participant is being seen, and where appropriate to disclose information to the appropriate authorities. In such situations, where possible, this will be discussed with participants before a suitable course of action is taken.

Will people know if it's me?

When I write up the findings, I will do my best to make sure that your identity is protected. I will do this by removing your name, and any other details that could make you identifiable. You will also be given an opportunity to review the transcript for accuracy and anonymity.

What if there is a problem or something goes wrong?

If at any point you feel concerned or unhappy about any aspect of the research, please raise this with me or my Director of studies on the number below. If you would rather talk to someone at the University who isn't directly involved in the research, you can contact the Head of department whose contact details are provided at the end of this information sheet.

What will happen to the results of the research study?

All data generated by the study will be stored securely. The results of this study will be written up into a research report which will be stored by the University of Roehampton, and might be published in an academic journal or presented at conferences. Audio recordings of the interviews will be destroyed after 10 years, in which time they might be used for other research projects and data analyses at the discretion of the researcher.

This project has been approved under the procedures of the University of Roehampton's Ethics Committee, which means it is safe and has a very low risk of causing harm.

Would you like to take part?

If you are happy to take part, please contact Jesca Tukahebwa (primary investigator).

Jesca Tukahebwa
Department of Psychology
University Address: University of Roehampton
Postcode: SW15 4JD
Email: tukahebj@roehampton.ac.uk
Telephone: 07852703714

Director of Studies Contact Details:

Dr Mark Donati
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Holybourne Avenue
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Tel : 0208 392 3741

Appendix D

PARTICIPANT CONSENT FORM

Title of research Project: African immigrant women survivors of domestic abuse: Exploring their perceptions and experiences of counselling and support services in the UK.

Brief Description of Research Project.

The purpose of this research is to gain an insight into what counselling and support services are actually like for African immigrant women survivors of domestic abuse, focusing on their experiences with view of how helpful/ unhelpful these services have and how they can be improved.

Consent Statement:

I have read the information sheet and understand the purpose and procedure of this research. I understand that I may request further details and information should I wish. I agree to take part in this research, and am aware that my participation is entirely voluntary. I understand that I am free to withdrawal from the project at any stage without giving any reason. I agree to my interview to be audio recorded and

transcribed by the researcher, and for the material to be used for other research projects and data analyses (at the discretion of the researcher). I understand that the information I provide will be treated in confidence by the investigator, and that my identity and that of the organisation will be removed in the publication or presentation of any findings. I understand that data will be collected and processed in accordance with the Data Protection Act 1998 and with the University of Roehampton's Data Protection Policy.

I understand that limits to confidentiality will apply in situations where I disclose information that I or someone else is at risk of harm. In such situations, it is the ethical obligation of the researcher to follow safeguarding procedures and where appropriate to disclose information to the appropriate authorities. In such situations, where possible, this will be discussed with me before a suitable course of action is taken.

Name

Signature

Date

Investigator Contact Details:

Name Jesca Tukahebwa
Department of Psychology
University Address: University of Roehampton
Postcode: SW15 4JD
Email: tukahebj@roehampton.ac.uk
Telephone: 07852703714

Please note: If you have a concern about any aspect of your participation or any other queries please raise this with the investigator (or if the researcher is a student you can also contact the Director of Studies). If you would like to contact an independent party please contact the Head of Department

Director of Studies Contact Details:

Dr Mark Donati
Department of Psychology

Whitelands College
Holybourne Avenue
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Head of department contact details: Dr Diane Bray
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University of Roehampton
London SW15 4JD
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Tel 0208 392 3741

Appendix E

Participant demographic form

Thank you for agreeing to take part in this research.

Please fill in the following information:

Socio –demographics

Numerical code -----

Age -----

Approximate length of time freed from abuse -----

Marital status -----

Number of children -----

Country of birth -----

Occupation -----

Time in the UK -----

Appendix F

INTERVIEW GUIDE

1. Could you tell me about when you first decided to seek professional support for difficulties you were experiencing with domestic abuse? Who did you speak to and how did that go?
2. Could you tell me about your experiences of receiving counselling for the difficulties you were having?
3. Can you tell me how helpful it was for you / not helpful? Could you tell me any specific examples of what was helpful /unhelpful?
4. Do you have any thoughts about how the services could be more effective or better in your opinion?
5. Is there anything else about this topic or your experiences that you would like to add or mention before we finish?
6. Can you tell me what it has been like for you to participate in this interview with me today?

Appendix G

DEBRIEFING FORM

Thank you for taking part today.

The purpose of this research

The aim of talking to you today was to find out more about your experiences of counselling and support services in the UK. The purpose for doing this research was to gain an insight into what counselling and support services are actually like for African immigrant women survivors of domestic abuse, focusing on their experiences with view of how helpful /unhelpful these services have been and how they can be improved.

Post –interview debrief.

Sometimes during an interview, we all have thoughts, feelings, concerns, or questions that we may want to talk about.

It's important that you have the chance to reflect on the interview, and to take a moment to consider whether there is anything you want to talk about. The following questions might help you to do this

- How do you feel having completed the interview?
- How did it feel to be interviewed?
- Has the interview brought any thoughts or feelings up for you?
- Do you have any questions or concerns about the interview process, or about what happens next?
- Do you have any other ideas about how to make the interview better?
- Is there anything you would like to share at this point?

Thank you for your contribution to this research, and I hope you enjoyed taking part.

Numerical code.

If you think of any questions regarding this study or if you wish to withdraw from the study, please contact the investigator stating the numerical code which appears above.

Jesca Tukahebwa
 Department of Psychology
 Whitelands College
 Holybourne Avenue
 SW15 4JD Telephone: Phone: 07852703714
 Email: tukahebj@roehampton.ac.uk

Please note: If you are worried about any aspect of this study, or have any further questions please contact the Director of Studies. However, if you would rather talk to someone at the university who isn't directly involved in the research, you can contact the Head of department:

Director of Studies Contact Details:

Dr Mark Donati
 Department of Psychology
 Whitelands College
 Holybourne Avenue
 SW15 4JD
 Email: mark.donati@roehampton.ac.uk

Telephone: 44 (0) 20 8392 3626

Head of department contact details:

Dr Diane Bray
Department of Psychology
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Appendix (H)

Resource List

These are lists of possible organisations which may provide support should you need it.

Samaritans: Telephone 116 123 (24 hours a day free call). Samaritans provide services to anyone experiencing despair.

Southall Black Sisters: 020 8571 9595. This service is specifically for women from ethnic backgrounds and deals with issues around violence.

The Maya Centre Counselling for Women: 020 7272 0995. This is a free counselling service for women experiencing mental health related issues.

Women and Girl's Network: 0808 801 0710. This service provides various therapeutic services for women. Its focus is on helping people who have experienced violence.

Relate : 0300 100 1234. This organisation offers relationship counselling to family and couples.

African Women's Welfare Organisation: 020 8884 3922. This organisation provides different support to women and children including counselling for domestic abuse.

The British Psychological Society: 0116 254 9568.

<https://www.bps.org.uk/public/find-psychologist> (click on find-psychologist).

Appendix I

Ethics Approval

The research for this project was submitted for ethics consideration under the reference PSY 16/203 in the Department of Psychology and was approved under the procedures of the University of Roehampton's Ethics Committee on 31.03.16

Appendix I

All transcript names are pseudonyms.

Linda

Descriptive Summary.

Linda was a female assistant carer aged 36. Linda is a mother of 2 children. She is originally from Zimbabwe. She experienced domestic abuse for a period of 7 years. She has been out for the abuse for 2 years. Linda is single and living with her 2 children. She has been in the UK for the period of 12 years. She was advised by a friend to seek professional help.

The recording of the interview was transcribed on the basis of 'everything audible'. No audible material was overlooked. However, punctuation was kept an absolute minimum so as not to inadequately alter meanings as a result of the transcription process itself. Instead of punctuation, a system of identifying lengths was used to reflect the natural way in which the conversation flowed. ... (3 dots) are used to indicate a short pause.

Transcript Linda

Interviewer went through consent form to ensure full informed consent. Participant happy with each aspect. Interviewer asked questions regarding demographics age, country of birth, length of time freed from abuse, occupation, marital status and time in the UK.

| <u>Emergent themes</u> | | <u>Interview</u> | <u>Exploratory comments</u> |
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| Process of referral Advised to seek help by friend Fear of losing children | 1 | I: Can you tell me about when you first decided to seek | |
| | 2 | professional help for the difficulties you were experiencing? | |
| | 3 | P: Umm... I was referred. I was advised by my friend to seek | |
| | 4 | professional help. Umm—umm because the thought of losing | |
| | 5 | my children, the fact that my children were affected by this | |
| | 6 | abusive | Immediately relating to the referral-informal (<i>informal vs formal?</i>) but also thought of losing children |

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| | 7 | relationship, you can see the patterns in my children were | Effect of abuse on children |
| | 8 | changed, umm... they had to adjust to their dad's mood. You | |
| | 9 | know... they could sense when he is happy and when he is | |
| | 10 | ...unhappy. So that in itself affected their education at the | |
| Depending on the man | 11 | same time, and the fact that he was the main provider of the | Main provider of the family –depending on |
| | 12 | family and the way he abused me was in so different ways | the man . <i>How does this make her feel?</i> |
| | 13 | wasn't just physical, but at the same time he used to maybe cut | Different forms of abuse |
| | 14 | the gas knowing that I had to cook for my children, like | |
| Not allowed to be a mother | 15 | punishment. Umm...umm... not giving me access to finances, | Denied access to daily needs for children |
| | 16 | giving me what I need, what is necessary like milk – things that | |
| | 17 | are essential, you know... what I need for my children. Like | |
| Trapped indoors .Abuse is like a | 18 | ...stuff like that. Erm...making me stay indoors like prison and | Trapped indoors. Like a prison |
| prison | 19 | not going outside to socialise with other people, knowing that | Felt isolated |
| | 20 | that would be setting me free from this abuse. He kept me | Trapped for many years |
| Suffering in silence | 21 | closed away for so many years and I suffered silently not | Suffered in silence but also not knowing |
| Not knowing the process of seeking | 22 | knowing that there was help until I spoke to a friend of mine | Disclosed to friend-informal |

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| help | 23 | who I usually go to pick up my children with, she saw the | |
| Disclosed to a friend | 24 | change in me. I was very withdrawn. She could see that I | Withdrawn and unhappy |
| | 25 | wasn't myself and unhappy. The way my children were very | |
| Not allowed to feel happy | 26 | ...erm ... very the way they presented, you could see that there | Physical and psychological suffering for |
| | 27 | was a problem in the family. They were not eating, really | the children |
| | 28 | malnourished. The children were coming from school crying. | |
| | 29 | So she said is there anything you want me to do? Are you | |
| | 30 | suffering from something? Is there anything you want to speak | Disclosed to a friend |
| Disclosed to friend | 31 | to me about and when I disclosed to my friend she advised me | advice to seek help |
| Advised to seek help to seek help | 32 | to seek professional help. Umm...yeah I went to my GP | GP first formal contact |
| | 33 | because I usually go to do check-ups for the children. When I | Effect of abuse make her depressed |
| | 34 | got to my GP I asked to be prescribed antidepressants because I | |
| | 35 | was suffering from depression. Umm...so... obviously at that | Wants to hide the abuse |
| Fear of disclosure | 36 | time I couldn't discuss with my GP what was going on in the | Fear and afraid |
| | 37 | home because of the fear. I was afraid what will happen to my | |
| | 38 | family as this is a professional colleague or professional | Fear of being misunderstood /judged |

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| Fear of being judged, criticised | 39 | Doctor, he might read into things differently and he might make | <i>Trust?</i> |
| | 40 | a quick decision and refer me and refer what I have said to him | Afraid to disclose to the GP |
| Fear of losing children | 41 | to social service. Initially, I was afraid to tell him what was | |
| | 42 | happening...so after that I went home and it was a moment | Fear of losing children seems to influence |
| Safeguarding children | 43 | where I said it was enough. I can't take on this abuse anymore | decision to seek help |
| | 44 | from this man...so... I was worried about the security and the | Worried about the safety of the children. |
| | 45 | safety of my children, the fear of losing my children or being | Threatened by the thought of losing her |
| | 46 | taken away from me by social services, were threatening to me | children |
| | 47 | and...and... the fact that teachers were making reports, turning | Traumatised and overwhelmed by the |
| | 48 | up to school late, the fact that I don't sleep at night because of | abuse |
| Overwhelmed by the abuse | 49 | this trauma. Sometimes I forgot to pick up my children and | Effect of abuse on children- |
| | 50 | became a report where teachers were trying to take some | Safeguarding children was the ticking |
| Safeguarding children ticking point | 51 | actions regarding the children's safeguarding. They could see | point |
| | 52 | there were some issues within the home. | |
| | 53 | That was the ticking point... so my first initial step was to call | Not knowing the process |
| | 54 | the police because I didn't know the process, if it is the GP, I | Overall process uncertain |

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| <p>Not knowing the process of seeking help</p> | <p>55 didn't know... I didn't know what was the best option for me 56 to take, so I called the police, erm...booked an appointment and 57 I went there. I gave a statement of what has been going on. 58 They appointed me a case manager who then worked with me 59 on how to get professional help, like getting a counsellor.</p> | |
| <p>Doing something about abuse provides relief/ empowering</p> | <p>60 I: How was that for you? Talking to the Police?</p> | |
| <p>Cultural attitude about the abuse</p> | <p>61 P: Erm...It was a relief in a way that I was doing something 62 about the abuse, that I had had enough and I am not going to let 63 this man control my life any longer. Before the abuse I thought 64 he was doing it out of love, that he loved me because of my 65 upbringing. When a man hits you it is a sign of love, but it</p> | <p>Relief Need to take control seems to be source of strength Cultural-upbringing</p> |

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| Safe guarding children | 66 | went too far this time. It was affecting my children and I had to | Effect of abuse on children |
| | 67 | do something to protect them from this abuse. At some point | Need to protect children |
| | 68 | he used the children like tell your mother to do this. The fear | |
| | 69 | that my children would go through, for them to be the | |
| Safeguarding children ticking point | 70 | messengers in the house, it was so traumatic that I had had | Fear of the impact of abuse on children |
| | 71 | enough. It was the breaking point for me. I had to look for | seems to be the breaking point |
| | 72 | help. | |
| | 73 | I: Talking to the Police, how did it go? | |
| Fear of not knowing the system | 74 | P: At first I was afraid because I don't know what I am going | Afraid and not knowing |
| | 75 | into. I don't know how the system works. For someone who | Uncertain about the system |
| Dependency on the man | 76 | has never had much education, this man was everything. He | Dependency on the man |
| | 77 | did everything for me. He did my paperwork, he read my | Being controlled |
| | 78 | letters, he was in control of my life. For me to take that first | |
| Initially scared but certain of help | 79 | step, it was... I was scared but I knew it was the right thing to | Initially scared but also certain |

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| Fear of losing children | 80 do. In my mind, I knew I couldn't take it any longer otherwise 81 my children they will be taken away. That is what kept me 82 going, my children. 83 I: And ...did you say, together with the Police, you were 84 referred for? | Thought of losing children |
| Process of referral | 85 P: Yeah ...yes, I was referred but firstly I had an interview. I 86 had an interview with the police to see...they asked me how 87 long the abuse was going on for and why I didn't seek help 88 before. It was ...I don't know how to word... but it was a mix 89 of things, a mixture of things that I didn't go ahead and disclose 90 this abuse before because I was scared. I was real real scared, 91 the guilt. The guilt that I would lose my family and the fact 92 that I loved my husband in a twisted way... I loved him. 93 Maybe I thought I provoked him. Maybe I said things to 94 provoke him for him to hit me. All of it felt like I was in the 95 wrong. So it reached a point where I had to make a decision | Process of referral |
| Fear of disclosure | | Not knowing mixture of feelings <i>Embarrassment, shame ?</i> |
| Guilt and self-blame for the abuse/ feeling responsible for the abuse | | Scared to disclose and also the guilt Guilt of losing family and self-blame |
| . | | Thought of being in wrong Decision making process |

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| 96 | whether to stay in this abusive relationship or do something | |
| 97 | about it. | |
| 98 | I: Yeah, so you talked to the Police and they referred you? | |
| 99 | P: They referred me because they don't deal with stuff like | Process of referral |
| 100 | this. They can only take a statement and see what they can do | |
| 101 | about living arrangements, and the children, and refer me to | |
| 102 | services that can really deal with the children, the subsidies of | |
| 103 | children, somebody who deals with someone who has been a | |
| 104 | victim of domestic violence. Other services like financial, | |
| 105 | health, where would I get financial help from, so they just refer | |
| 106 | me to those kind of services for them to help me because I | Help with the referral to the right services |
| 107 | didn't know where to start. I really wanted to tell them what | not knowing |
| 108 | was the problem, like financially, I can't cope. It was a burden. | Negative and overwhelmed with the |
| 109 | Emotionally I am suffering; there was a lot of factors. So they | effects of abuse |

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| Process of referral | 110 | helped to refer me to the best services at the time. | |
| | 111 | I: Do you want talk more about the services where you were referred | |
| | 112 | P: Firstly they referred me to a social worker because they will | Referral to relevant services |
| | 113 | help with the funding and see what benefits can my children | Counselling |
| Dependency on the man | 114 | get. If I am able to leave the relationship, housing, yeah... the | GP referral |
| | 115 | counsellor for emotional support, psychological. The GP, | |
| | 116 | medication, what does he want me to take? Was I sometimes | |
| | 117 | wrongly pushed to have sex with this man. Do I need to take | |
| Cultural attitude-scared to question | 118 | further tests? So I had to go and see a GP, stuff like that, sexual | |
| | 119 | health people. You know...erm... I didn't know what to do | Not knowing |
| | 120 | because this man would come change all of a sudden, but at the | |
| | 121 | same time he would go out and meet other woman and I didn't | Having no say |
| | 122 | have a say because he is the man. He is the provider. I can't | Dependency on the man |
| | 123 | say anything; I was too scared to question him. Every time I | Scared to question |
| | 124 | questioned it feels like I was being the man of the house which | Questioning not allowed -cultural <i>How does this make her feel?</i> Gender position |

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| Gender role | 125 | is not allowed for people from my culture. A woman is a | Enough of the abuse |
| | 126 | woman, you have to take it. This time I couldn't take it, it was | |
| | 127 | enough. | |
| Tough, long process of change | 128 | I: How did it go with those services? | Process of change |
| | 129 | P: The services; it's a process as well. it didn't I can't say that | |
| | 130 | the change happened immediately. It was a process where I | |
| Safe guarding children | 131 | had to deal with the social workers, and meet with them and | Tough process |
| | 132 | assess what services I might need with my children, housing. It | |
| | 133 | was tough... what can I say erm... it was a long process. It | |
| | 134 | didn't happen immediately because there are children involved | Long process |
| | 135 | and the safety of the children was the first priority, and mine. | |
| | 136 | So being moved and put in assisted housing for the time being, | |
| | 137 | just for me not to be in contact with the abuser, moving me to a | Children's safety priority |
| | 138 | different location from where I used to live, where he cannot | |
| | 139 | find me or look for me, housing benefits, they are available for | |
| | | | Availed services for self and children |
| | | | Awareness of services available |

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| <p>Freedom leads to self-recovery</p> | <p>140 woman like me. What kind of services and day centres I could 141 go to, child care. I used to stay home and look after my 142 children so at this time they had to find me ... and for the 143 children. Whenever I had appointments I am free to go and do 144 what I need to do to help myself recover.</p> | <p>Freedom seems to lead to self- recovery</p> |
| <p>Fear of disclosure-</p> | <p>145 I: Did you say you referred to counselling as well? 146 P: Yes. 147 I: How did that go? 148 P: At first I was nervous and confused because this was the 149 first, first time where I ever talked about what really happened 150 to me... and talking about that it is like you're reliving the 151 abuse. It comes back, you have a flashback of what really 152 happened, it was daunting not knowing the person you are 153 disclosing to, if they can be trusted. If you can trust them. It 154 was harder first time because I couldn't open up to the</p> | <p>Initially nervous and confused Reliving the abuse Difficulties to disclose daunting – not knowing Difficult to trust Difficult opening up to counsellor Scared in the initial sessions</p> |
| <p>Difficulties opening up/trusting counsellor</p> | | |

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| Time frame of building trust | 155 | counsellor. I was scared to open up to her because I didn't | Time frame of building trust |
| | 156 | know her. She was a stranger to me. I couldn't open to her, so | |
| | 157 | for my sessions actually I was referred for short term, instead | |
| | 158 | of... , because it took me longer to disclose to the counsellor. | |
| Process of building trust | 159 | She had to work with me and ask me not triggering but | Counsellor availability- I am here to help you also feeling safe |
| | 160 | questions leading me to disclosing She made me feel like I can | |
| | 161 | trust her. I am concerned about you, using those choices of | |
| | 162 | words, I am concerned about your safety. I am here to help | |
| Counsellor availability | 163 | you. Those kinds of words sort of helped me to disclose, but it | Trust not immediate response |
| | 164 | wasn't an immediate response. I couldn't immediately talk | |
| | 165 | about what really happened to me. It was a process, we took | |
| | 166 | steps, baby steps for me to develop that trust with her. | |
| Process of building trust | 167 | We talked about the abuse and she helped me realise that it is | Process of building trust-baby steps |
| | 168 | not my fault that this happened to me. I am not to blame | |
| | 169 | because I felt like it's me, I am the problem. Sometimes I think | |
| | 170 | about self-harm, sometimes I think about suicide. If I am left | |
| Self-blame / | | | Realisation of not being at fault for the abuse |
| Feeling responsible for the abuse | | | |
| | | | Seems tired and overwhelmed by the abuse |
| | | | Believe she is to blame |

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| Helplessness /hopelessness | 171 | this would stop, I am the problem. I honestly believed I was | |
| | 172 | the problem because he made me feel so little, like I was | Slaving for the man |
| | 173 | nothing. I was just like a slave. I was his slave. That is how I | |
| | 174 | felt. I was slaving for this man. I had to do things his way, not | Trapped by the abuse |
| | 175 | my way. What I wanted didn't matter to this man. I felt | Sense of wanting to be in control |
| Trapped- like prison | 176 | trapped, not letting me access the outside world. Not letting me | |
| | 177 | be able to be in control, to take control as the mother of my | No access to benefits –migration status |
| Migration status leads to | 178 | children. To do things, to have access to the benefits, they were | Dependent on a man |
| dependency | 179 | in his name because he had papers. I didn't have access to | |
| Dependency on the man | 180 | funds in this country. I was dependent on that man. For me to | Determined –couldn't care less |
| | 181 | make that big decision, it took a lot of thinking for me. Like | |
| | 182 | what could happen but the point came where I couldn't care | Building confidence |
| | 183 | less. I couldn't care less about the benefits or whatever, I could | |
| Building self confidence | 184 | take it all. I need to get out. When I spoke to my counsellor | |
| | 185 | she helped me a lot. She helped me build my confidence back. | Mothering and certainty |
| Being a mother is empowering | 186 | She helped me learn how to be a mother to the children because | Denial to be a mother |

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| <p>Denied right to be a mother</p> <p>Focus on an individual leads to personal growth</p> <p>Counsellor availability and listening</p> <p>Trust leads to - self-belief</p> | <p>187 I didn't know whether I was following the man's rules. What</p> <p>188 he says goes in the house. The right to be a mother was taken</p> <p>189 away from me because I was following his rules to raise my</p> <p>190 children. They should wear this, I want them to be like this, I</p> <p>191 want them to behave a certain way. I had no right. So with the</p> <p>192 counsellor I found it very, very helpful where we worked on</p> <p>193 different perspective and how to help me to leave this abusive</p> <p>194 relationship and end it. At the same time, help myself grow as</p> <p>195 a person. To help me follow my dreams. Everybody has</p> <p>196 dreams. As she said, I am concerned, I am here for you. This</p> <p>197 service is for you. I am here to help you. I believe you. I am</p> <p>198 listening to you. For someone to tell me those words, it felt... I</p> <p>199 felt different. I felt like I can do anything at this point now that</p> <p>200 I am out of this relationship I am myself, I can make my own</p> <p>201 decision for the first time. I can live independently without</p> <p>202 being able to depend on this man. I can raise my children the</p> | <p>Denied to be a mother</p> <p>Personal growth</p> <p>Focus on self</p> <p>Feeling valued</p> <p>Counsellor availability</p> <p>Listening -trust</p> <p>Self -belief</p> <p>Living independently</p> <p>Strengthened motherhood</p> |
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| 203 | way I want without his input. That is how I felt receiving | |
| 204 | counselling. | |
| 205 | I: Is there any specific you found helpful? | Focus on personal needs Personal growth |
| 206 | P: In the counselling? What did I find helpful? Yeah... the fact | |
| 207 | that it is a service for you. It is a service that focuses on your | Focus on personal goals |
| 208 | needs. It is a service that is there to help you grow at the same | Able to live independently |
| 209 | time, help you be the person you always wanted to be before | Able to live life |
| 210 | you met this man because we all have personal goals. So we | Felt valued |
| 211 | worked on my personal goals, what I wanted to do. For me to | Listening to personal needs |
| 212 | live independently, so that really helped me. Also, it gave me | |
| 213 | another side of life, that life can be good. Before, I had given | Hopeless less/worthlessness |
| 214 | up on life. I felt like I was useless. I didn't matter, but the | |
| 215 | service made me matter because it was my case. They listened | |
| 216 | to my case and they adjusted things to fit my needs. That is | |
| Focus on individual needs and goals leads to growth | | |
| Hopeful-and able to live life | | |
| Counsellor availability and listening | | |

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| Long term sessions lead to self-expression | 217 | what helped me. That is what I found very useful, using the | |
| | 218 | service. | |
| | 219 | I: And anything specifically that wasn't helpful, if any? | |
| | 220 | P: I don't know. Maybe the timing. Not having longer | Not knowing |
| | 221 | sessions, being cut off where you are actually in the middle of | Timing of the sessions |
| | 222 | exploring and disclosing more and you have to cut off and | Ending of sessions |
| | 223 | come back for the next sessions where sometimes you had | |
| | 224 | forgotten where you left off. Where you have to begin from the | <i>Long term counselling preferred?</i> |
| | 225 | beginning and sometimes you can miss things, the timing. | |
| | 226 | Giving me a certain amount of sessions where I can maybe do | |
| Tough process to access services | 227 | longer term because sometimes at the beginning it just a warm | |
| | 228 | up for me to actually get settled and express how I am. I think | |
| | 229 | the timing is very important and as well as the cost getting the | Timing |
| | 230 | service. I think it is difficult because I had to go through all | Process of accessing services tiring |

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| Process of referral | 231 | these processes for me to be acknowledged. So, the process is | Process quite hard <i>Private counsellors?</i> |
| | 232 | quite hard to get counsellors and they are quite expensive. | |
| | 233 | Financially, I could not afford a counsellor if I wanted to, but | |
| | 234 | without going to the police and going to the GP and going | |
| | 235 | through these little steps to get a counsellor I would still be in | |
| | 236 | the abusive relationship right now. | |
| Talking about abuse is embarrassing, and humiliating | 237 | I: Do you want to talk more about the timing? | Difficulty talking about the abuse |
| | 238 | P: The timing; what I found, sometimes when you are in the | |
| | 239 | session there is a point where a counsellor likes to touch on | |
| | 240 | deeper issues things like ... or sometimes when you are about | |
| | 241 | to disclose then there will be a time limit. My next session is | |
| | 242 | coming up, can we continue in the next session and for me to | |
| | 243 | talk about sexual abuse, it is quite difficult. Once someone | |
| | 245 | opens up you don't want to come back | |

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| Fear of being judged/criticised | 246 | and revisit that. Sometimes you feel embarrassed, afraid, | Embarrassed, afraid humiliated Thought of being judged |
| | 247 | humiliated. Maybe I think I am going to get criticised about me | |
| | 248 | saying this thing that the man used to do to me. I found it | |
| | 249 | unhelpful | |
| All-in one service leads to easy access of services | 250 | I: Looking at the services, do you have any thoughts about | Walk in local services preferred |
| | 251 | how these services could be improved, in your own opinion? | |
| | 252 | P: What I think erm...maybe it will be better if they had local | |
| | 253 | services where people can walk in and access the services, or | |
| Gender preference | 254 | maybe a domestic violence service for woman, especially for | Gender preference woman to woman |
| | 255 | woman that where you feel like woman to woman, we can | |
| | 256 | exchange and talk because she is a woman. It is easier for a | |
| | 257 | woman talking to a woman, and I think that would be helpful. | |
| Language barrier hinders service accessibility | 258 | Most of us can't speak English very well. So it would be | Language barrier seems to hinder service access |
| | 259 | helpful to have the all-in-one service where you have access | |
| | | | All -in -one service |

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| 260 | and they can facilitate your needs. They can give you an | |
| 261 | interpreter where you can be able to express what has been | |
| 262 | happening to you, without overthinking or thinking I will be | |
| 263 | criticised because of my language barrier, or will they be able | Fear of being criticised |
| 264 | to understand what really has been going on. So an all-in-one | Language barrier |
| 265 | service would be really beneficial for anyone suffering from | |
| 266 | domestic violence. | All in one services |
| 267 | I: Do you want to talk more about an all-in-one service? | |
| 268 | P: Cater to every need, regardless of language barrier, financial, | |
| 269 | translator, things like that. Appoint you social worker, make | |
| 270 | sure that they have social workers available who are free to | |
| 271 | start on your case immediately. Given maybe of benefits, like | Discovering new things |
| 272 | taking the children away or giving you vouchers to help you at | Discovering new things is tricky |
| 273 | home. That is the service that I think would be really beneficial | |

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| <p>Process of discovering new things can be overwhelming</p> <p>All in one service for easy access</p> <p>Trapped in closed doors</p> <p>Not knowing the process of seeking help</p> <p>Encouragement to seek help regardless of migration status</p> | <p>274 for parents, where you don't need to go outside that service. It</p> <p>275 is all-in-one. You also don't have to travel far because that as</p> <p>276 well can be tiring. It can put you off, because you have been so</p> <p>277 abused for so long, everything to you is new. You are</p> <p>278 discovering the world now and things can be tricky because</p> <p>279 you haven't been out for a very long time, being in closed doors</p> <p>280 all the time where the man does everything. I can be</p> <p>281 overwhelming, you wouldn't know which one is which, what</p> <p>282 services to get and what about people to go to, to get that help</p> <p>283 that you need. So an all-in-one service would be really, really</p> <p>285 beneficial I think.</p> <p>286 I: Is there anything else you would like to talk about regarding</p> <p>287 this topic?</p> <p>288 P: I would like to say that domestic violence is real and it is</p> | <p>Overwhelming discovering new things</p> <p>Acknowledgement of the existence of</p> |
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| 289 | Suffering in silence | happening to some people who don't acknowledge, they think | domestic abuse |
| 290 | | it is okay to be abused. Also, the fact that people suffer silently | |
| 291 | Not knowing the process of seeking help | from this abuse for years and years and not knowing there are | Suffering silently |
| 292 | | services for them to help them regardless of their status. | Not knowing service available |
| 293 | Challenging but also empowering women | Regardless of anything, there is always a service for you. | Encouragement to seek help despite status |
| 294 | | There are so many services now. Before then, there was not | |
| 295 | | that many services, there is a service, there is Woman Aid, a | Service availability |
| 296 | | helpline erm... you don't have to go to the police, like the | |
| 297 | | process I went through. There are so many services for you to | Easy access to services |
| 298 | | go to and access this help; domestic violence isn't acceptable | |
| 299 | | for anyone to be treated in such a way. It is unacceptable. I | |
| 300 | | think it is better for people to realise that you can do something | Unacceptable |
| 301 | | about this. You can take your own power back; you can live | |
| 302 | | your life the way you want to with these services. That is it. | Having your own power back |
| 303 | Awareness of service availability | I: Maybe before we finish, how has it been like for you | |

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| | 304 | participating in this interview today? | |
| Offering hope through personal story | 305 | P: It has been an honour to participate in such a study because I | Valued participation |
| | 306 | have lived it, and coming from a victim point of view, we want | |
| | 307 | to raise awareness that... that people can access the services. | |
| | 308 | Not even access, but they are able to get the services, if you | Raising awareness |
| | 309 | really wanted to, it's all down to the individual, whether you | |
| Gender preference | 310 | want to stay in this relationship. It's all up to you. You have to | Individual decision |
| | 311 | make the first step into getting out and leaving the relationship | |
| | 312 | and also the fact that people can look back and relate to my | Making first step |
| | 313 | story. Also help other women who are going through the same | |
| Talking about abuse is embarrassing and humiliating | 314 | thing, that speaking out is okay. Don't be embarrassed, don't | |
| | 315 | be afraid. There are many of us who have been suffering from | |
| Gender preference | 316 | this; it is okay to speak out. Woman to woman, we have to do | Offering hope through personal story |
| | 317 | this for ourselves. Not for anyone else but yourself. You have | |
| | 318 | to have the courage to reach out and get the help that you need. | Courage to reach out |
| | 319 | I: Thank you | |

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List of emerging themes in chronological order –Linda’s interview (trial)

| Emerging theme | Line number |
|---------------------------------------------|--------------------------------|
| Process of referral | 3,85-87,99-106,112-115,234-235 |
| Advised to seek professional help by friend | 3-4, 31-32 |
| Fear of losing children | 4-6, 45-50, 80-82 |
| Depending on a man | 11-12,75-78,122,180,278 |
| Not allowed to be a mother | 11-17, |
| Trapped indoors. Abuse is like a prison | 18-21,175-178,279 |
| Suffering in silence | 21, 290-291 |

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| Disclosed to a friend | 22-23, 29-32 |
| Not knowing the process of seeking help | 22, 54-56, 102-103, 281-283, 291 |
| Not allowed to feel happy | 24-28 |
| Fear of disclosure | 35-39, 88-90, 148-152 |
| Fear of being judged/criticised | 39, 247-249, 262-264 |
| Overwhelmed by the abuse | 47-51, 107-109 |
| Safe guarding children –ticking point | 44-45, 51-53, 66-72, 134-135, |
| Doing something about abuse provides relief/ empowering to self | 61-63 |
| Cultural attitude about the abuse | 64-66, 123-124 |
| Fear of not knowing the system | 74-75 |
| Initially scared but certain of help | 78-80 |
| Guilt and self-blame for the abuse/ feeling responsible for the abuse | 91-95, 171-173 |
| Gender role | 125-126 |
| Tough, long process of change | 130-133 |
| Freedom leads to self-recovery | 143-144 |

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| Difficulties opening up/trussing the counsellor | 152-155 |
| Time frame of building trust | 157-158 |
| Process of building trust | 159-161,163-166 |
| Counsellor availability and listening | 162-163,196-197,215-218 |
| Helplessness /hopelessness | 173-175 |
| Migration status leads to dependency | 179-180 |
| Building self confidence | 184-185, |
| Being a mother is empowering | 186 |
| Denied right to be a mother | 188-190 |
| Focus on an individual needs and goals lead to personal growth | 191-195, 205-212 |
| Trust leads to - self-belief | 198-204 |
| Hopeful and able to live life | 212-214 |
| Long term sessions lead to self- expression | 220-228 |
| Tough process to access services | 231-236 |
| Talking about actual abuse is embarrassing , and humiliating | 242-247,314-315 |
| Gender preference | 254-256,316 |

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| Language barrier hinders service accessibility | 268-269 |
| All in one-service leads to easy access of services | 252, 273-275 |
| Process of discovering new things can be overwhelming | 276-281 |
| Not knowing existence of services | 290-292 |
| Encouragement to seek help regardless of migration status | 293 |
| Awareness of service availability | 294-296, 306-310 |
| Challenging but also empowering women | 298-302 |
| Offering hope through personal story | 316-318 |

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| Language barrier hinders service accessibility | 268-269 |
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